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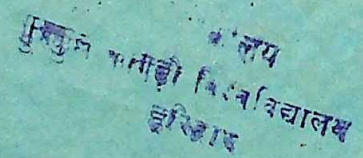
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The Journal of Ayurveda

or the Hindu System of Medicine.

Vol. VI.] January, 1930. [No. 7.

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THE JOURNAL OF AYURVEDA

Vol. VI.] January, 1930. [No. 7.

Necessity of Introducing Western Surgery in Ayurveda.

C. G. MAHADEVIA, M.B., B.S. (UNA.)

080752

Medical Sciences are progressing ahead in the West. There was a time when East was leading the world in all Sciences. Let us bring back the day when India will lead the world. I have no desire to build castles in the air. As one interested in Surgery, I dream that Indian surgeons will lead the surgery of the world in near future.

As a first step to above, Ayurvedic Practitioners should be taught latest Surgery. Surgery is one of the important branches in Allopathy while it is unfortunately too much neglected by the Ayurveda-teaching institutions. There cannot be water-tight compartments between the two systems of medicine. Both aim at alleviating human suffering as best as possible. If at al lthere is a difference, it is as regards the Causation of Diseases. What is really good in one must be assimilated by the other. Surgery at present is practically monopolised by those who receive their training in medical colleges and schools teaching medicine on Western lines. Several Ayurvedic teaching institutions have kept surgery as one of the subjects they teach in their syllabus. Probably the subject is not taught as efficiently as in the other institutions. The reasons may be lack of facilities for this sort of training. But according to the maxim, where there is will there is way, facilities will be forthcoming if the will—strong will, exists for the same in the organisers of these institutions. Efficient Surgeons, preferably Indian Surgeons of eminence, should be invited to take charge of Surgical wards of Hospitals attached to these institutions. These

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surgeons should have strong ambitions to see that Ayurveda should be a progressive science and that latest surgery must be taught to Ayurvedic practitioners and students as it is taught in the sister institutions teaching Western Medicine. These surgeons should be prepared to severe their connections from the Provincial Medical Council Registers if they are required to do so. These medical councils should count for nothing if they insult Ayurveda, the oldest system of medicine. My conceptions of Ayurveda need clearance. I am proud of it as an Indian Science of Medicine—the oldest of its kind. I am proud of it as it is founded by ancient Rishis who without the help of the innumerable modern apparatuses succeeded in building a system of medicine which still survives, despite organised attempts by the interested foreign Government to crush it. But I refuse to make Ayurveda stagnant. It must incorporate in itself what is best in the other sister sciences. One added to one should make two in any part of the world. Human bodies are structurally and functionally alike in East as in West. The Surgery of West owes its progress to study of Anatomy and the discovery of Antisepsis and Asepsis. The Ayurvedic institutions should have facilities to teach Anatomy very thoroughly. Antisepsis and Asepsis are the outcome of the Surgical Bacteriology.

Text books should be forthcoming in vernacular to teach Surgery. Technical words coined from Sanskrit should be used. Surgery like other technical subjects cannot be learnt from the perusal of books only. The common operations should be demonstrated to students on dead bodies in dissection halls and all students should have access to the operation theatres of fully furnished hospitals under charge of capable Surgeons.

I invite criticism on the subject from leading Ayurvedic Physicians, especially those in charge of Ayurvedic schools and Colleges.

———

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Original Articles.

COBRA BITE

BY

T. G. RAMAMURTHI IYER,

Physician, Municipal Siddha Dispensary,
Erode, (Madras Presidency).

—:o:—

In India in the case of venomous bites it has been the practice from time immemorial for people largely to resort to *mantras* and to indigenous antidotes. In those days each village was self-contained and had in it among others, *mantrikas* and specialists in such treatment, and thus help was always at hand. But now such mantrikas and specialists have become rare. A few of them, the descendants of the famous men, live in far off places and their help cannot be had in time. As for the Allopathic institutions, which are also far off from most villages, they render only first-aid, viz. tie a cord above the seat of bite, incise the seat of bitten part and rub Pot-Permang. crystals in it. The anti-toxins for these bites cannot be kept in stock in the moffusils as they deteriorate if not preserved in special chambers. They are to get such anti-toxins from distant laboratories and this generally takes a few days and the patient may not survive till then. If, at all, the patient survives to receive the dose of anti-venomous serum, it is not certain that the dose administered is sufficient to counteract the poison injected by the Cobra, as no metre has been invented yet by modern scientists to estimate the quantity of the poison entered into the system. The above remarks of mine are subject to correction. Except the slow pulse nothing could be traced and the heart failure is sudden. The Parel laboratory incident will be yet fresh in the minds of most of us. When all the external signs of failing life such as coma, cold feet, etc. have appeared how far the anti-venomous serum will be helpful is yet to be decided. Thus in the numerous cases of snake bites many a life that could be saved is allowed to pass away for want of timely help.

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Efforts should be made to remedy this state of affairs. Cheap antidotes should be found out, and these should be made available to any person, in any place, at any time. Such medicines, with the necessary directions may be placed in the hands of village officers, Postmasters, School masters, Scouts, Co-operative Societies, Forest officers, Police officers etc. for free distribution to the needy. All such places in each locality should be made widely known to the people either by beat of Tom-Tom or by broadcasting of notices or by big and attractive placards.

Who else can organise and manage such a big and highly essential Scheme except the Government? Certainly their medical department with the co-ordination of the health and revenue departments could do this.

But then there is the question of cheap and good antidotes. In those days, our indigenous drugs have been highly potent at the hands of our experts, which fact has been testified by Captain P. Johnston-Saint M.A., F.R.S.I.A., who in delivering Sir George Birdwood Memorial Lecture says, "In toxicology they had extraordinary skill and in the story of the invasion of India by Alexander, while all the Greek physicians were powerless in cases of snake bite the Indian Doctors readily cured those who fell under this affliction. For this reason Nearchus says, "Alexander collected round himself the most prominent of the Hindu Doctors and proclaimed that any soldier bitten by a serpent was instantly to repair to the Royal pavilion for treatment," and I need not dilate on the subject any further. But most of their formulae are lost to us. A few only have come to us and about the successful treatment with such an one I shall detail below.

The experts of the west without any bias should co-operate with those of the east in this most humane work. The Registration Act cannot make knowledge the property only of the west and deny the expert knowladge of the east. Now-a-days it has been sufficiently proved that the western knowledge in the art and science of Medicine and Surgery owes its origin to the Hindu System of Medicine. (Vide Birdwood Memorial Lecture and the exhaustive history of development of Ancient medicine written by Dr. Ashutosh Roy L.M.S., Hazaribag, in Indian Medical Record, November 1929). Therofore any act or policy that restricts the practitioners of Indigenous System is unjustifiable.

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The effects of the poisons of the different varieties of Cobras and the efficacy of the different antidotes should be tried on lower animals. A special research scholar can conduct such experiments or a laboratory like the one at Parel, Bombay, may help the cause.

In the course of my research and studies of the several ancient works on Medicine and Surgery I came across some formulæ and a few of them struck me as cheap and of great potency. I have prepared some of these and have kept ready for emergencies in my dispensary.

Recently there was a case of pucca Cobra bite successfully treated by me with one of these medicines. On 16-9-1929 at about 3 p.m. a cobra about two feet long, hidden in a grassfield in the neighbourhood of Erode, bit a poor Valluva woman aged 25, while cutting grass. The bite was in the dorsum of the second phalanx of the middle finger in the left hand. She had tied a cord above the seat of bite at the root of this finger. She was brought to my dispensary at about 4 p.m. Two marks of the fangs were seen clearly at the place of bite. There was also moisture of the serum oozing from out of the wound. The pulse was 65 per minute, pupils slightly dilated and there was giddiness. The common test in these parts to find out the spread of the poison in the system is to make the patient eat some pungent things as chillies, pepper, etc., and if the patient does not find them pungent then the presence of poision in the system is certain. In a similiar manner this patient was tested and she did not feel the taste of pepper pungent.

Treatment :—

Free incisions at, around, and above the bite were made and the medicine that I had ready was rubbed well over the incisions. 10 grains of the same was orally administered. One mustard's size of the medicine with a few drops of honey was applied to the eyes. She was kept under my observatian till 5-30 p.m. The dizziness disappeared and the taste revived. She began to talk well and wanted to go home. She was advised to lie awake the whole night and to take only salt-free liquid diet. Next morning she walked all the way from her home which is about three furlongs to the dispensary. She said she had three broad motions the previous night. I gave her Black pepper decoction (1 Tola for 1 ounce.) and kept her on salt-free diet for three days. On the fourth day she was allowed her usual diet and bath.

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The drugs used in the above antidote :—

Sanskrit.	English.	Tamil.	Quantity
Haritaki	Terminalia chebulia	Kadukai	1 part
Sarshapa	Mustard	Kadugu	,,
Saindava lavaña	Rock Salt	Induppu	,,
Hingu	Asafoetida	Perungayam	,,
Tankana	Borax	Vengaram	,,
Parada	Mercury	Rasam.	,,
Manahsila	Red Arsenic	Manosilai	,,
Pippali	Long pepper	Tippali	,,
Haritala	Yellow Arsenic	Talagam	,,
	Nigella Sativa	Karunjeerakam	,,
Vatsanabha	Aconite	Nabi	,,
	Black Hellebore	Kadugurohini	,,
Jayapala	Croton seeds	Nirvalam	12 parts
	Cocoanut shell burnt Charcoal	Sirallaikari	5 parts
	Palmyra, Jaggery,	Karpuatti	5 parts
	Daemia Extensa-Juice	Valiparuthi-Juice	q. s.
	Lemon Juice	Elumichan	for one hour Grinding each.
	Cocoanut rind juice	Thangaipal	

I have got another preparation ready now, prepared according to this formula of the great sages of the past and was in use by eminent men for a long time for which they claim the greatest and speediest effect. I shall try this medicine as occasion arises and shall publish the results through your esteemed Journal.

How can these medicines be administered when the patient is in an unconscious state and the jaws are locked ? They connot be injected either by the intravenous or muscular methods. In such conditions the top of the head should be incised for about half an inch long, scalp deep, and the medicine about ten grains should be rubbed in, apart from applying to the seat of bite and the eyes. When the body is cold, an earthen pot containing live charcoal is placed on the head for a few minutes to stimulate the action. For moderners this may seem crude. The high potency of the medicine, the cheapness of the drugs and the accessories speak volumes in favour of this. These medicines should become popular and should be within the reach of every one. Life is precious. Whatever be the medicine, its curative effect is the only criterion. These very medicines are suggested in snake bites even of lower animals.

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THE CARE OF INFANCY AND DISEASES OF CHILDHOOD IN AYURVEDA

BY

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V. TREATMENT

Hints on treating Children—

1. यदिवातुर्यंकिंचित्कुमारमागच्छेत् तत्प्रकृतिनिमित्तपूर्वरूपलिङ्गौपशयविशेषैः सत्वतोऽनुबुध्या सर्वविशेषानातुरौषधदेशकालाशयानवेक्षमाणश्चिकित्सितुमारभेतैनं मधुरद्रवदुलखसुरभिशीतशङ्करं कर्मप्रवृत्तयन् ऐवंसात्म्याहिकुमारमवन्ति। तथातेशर्मलभन्तेऽचिरायारोगैश्वरोगवृत्तमातिष्ठेत् देशकालात्मगुणविपर्ययेन वर्तमानः क्रमेणसात्म्यानि परिवर्त्योपयुञ्जानः सर्वाण्यहितानि वर्जयेत्।

Charaka, Sareera.

2. निवृत्तिर्वमनादीनांमृदुत्वपरतंवतां
वाक्येष्टयोरसामर्थ्यंवीक्ष्यबालेषुशस्त्रवित्
भेषजंचाल्पमात्रंतुयथाव्याधिप्रयोजयेत्
मधुराणिकषायाणिक्षीरवन्तिमृदूनिच
प्रयोजयेद्विशेषज्ञोबालेमतिमानः प्रमाततः
अव्यर्थस्निग्धरूक्षोष्णमल्पंकटुविपाकिच
गुरूचौषधपानान्नमेतद्बालेषुगर्हितं
समासात्सर्वरोगाणामेतद्बालेषुभेषजं
निधीष्टंशास्त्रविद्भिर्वैद्यः प्रविविच्यप्रयोजयेत्

1. If any disease comes to the child, then carefully examining it by the fivefold considerations of nature, inducing causes, premonitory indications, developed symptoms and treatment, and attending also to the special circumstances connected with the patient, Drugs, Place (Desa) and time (Kala), the learned physician should set himself to the treatment, using medicines consisting of those that are sweet, mild, light, agreeable to the scent and cool, since these are well suited to infants and children. It is by this means that children recover very soon. When the child is ill, measures should be taken for curing that illness. And as regards that child which is brought up in practices that are opposed to

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desa (place), kala (time), and prakriti (constitution), the physician should cause those practices to be gradually altered and replaced by those that are really suitable.

2. Since infants are tender and dependent, emetics and the rest should not be prescribed for them. The learned physician considering the incapacity for speech and independent exertion should administer medicines in small measures agreeably to the ailment that afflicts them. He should also carefully, without erring, administer to all infants drugs that are sweet and astringent in taste, mixed with milk and of mild virtues in action. Medicines and drinks and food that are exceedingly fatty or dry or heating or sour or those that become acrid in digestion, or heavy are injurious to infants.

3, In place of *Vasti-karma* (Enemata) in children, purgatives should be administered, and in case of *marsana*, *pratimarsana* should be substituted.

4. In case of any disease of a child nursed at the breasts of a mother, those should be plastered with the pastes of drugs recommended by physicians for the particular malady and the child be made to suck the same.

5. Medicines under the head of particular disease should likewise be prescribed in the case of its appearance in a child or an infant, but then only the remedies of mild potency and those that do not disintegrate the body fat and *kapha* should be given in adequate doses, as mentioned hereafter, and administered through the vehicle of *milk and clarified butter, to a child living on milk alone*, while the nurse is to take the same medicine as well. In the case of a child fed on *milk and rice* the medicine should be administered *both to the child and the mother or nurse.* In the case of a chid living on *solid food only* decoctions should be given to *the child alone.*

6. Collirium, plasters, bath, massage, emetic and *pratimarsana* should be done to the child from its birth. *Gandusham* (mouth wash) after five years, *Nasyam* after the eighth year, purgatives after the sixteenth year and sexual congress after the twentieth year should be done.

Vamana Karma (*Emetics*) *in children*—

प्रायःक्षीरदृताशित्वाद्बालानांश्लेष्मजागदाः
तस्मात्वमनमेवाग्रीसर्वव्याधिषुपूजितं

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स्निग्धाएिवसदावाल्याघृतचीरनिषेवणात्
सन्यस्तान्वमनंतस्मात्पाययेन्मतिमान्मृदु
सन्यस्यतन्नं वमयेत्चीरचीरान्नसेविनं
पीतवंतंतनंपेयामन्नाद्यंघृतसंयुतां ॥

Vagbhata, Uttara—II.

Children by constantly indulging in milk and clarified butter, often suffer from Kapha-born diseases. Hence emetics are the best medicines in all the diseases of children. Owing to excessive indulging in foods consisting of milk and ghee, as soon as children get fever etc., emetics of mild potency should be administered.

To children who take *milk*, and *milk and rice*, emetics should be administered after giving the child a sufficient quantity of breast milk. And to those who take rice alone, emetics should be given after giving them a rice pudding called *peya* mixed with ghee.

This *karma* is being performed by Westerners by the name of Stomach-wash. Dr. Hutchison says, "This is the first time I have had occasion to mention washing out of the stomach as a therapeutic measure in children. I can only say that you will find it of the very greatest use in all cases, acute or chronic, whether in breast-fed or bottle-fed infants, where vomiting is a prominent symptom."

सिंदङ्गक्षाापामार्गवीजाज्यस्तन्यमाक्षिकं
चूर्णं वैचायास्मचाद्रोमदसंमधुकान्वितं
चीरंचीरान्नमन्नंचभक्तःक्रमशः शिशोः ॥

Vagbhata, Uttara.

To children who take milk alone, should be given the pulvs of Rock salt, Pippali (long pepper), Apamarga-bija mixed with clarified butter, milk and honey as emetic.

To those who take milk and rice should be given the Pulv. of Vacha mixed with honey as emetic.

To those who take rice only (solid food) should be given the fruit of Madana (Randia dumatorum) as emetic.

Virechana Karma (Purgatives) in children—

पिष्टवगंधर्ववीजानि त्वासुविणिंववारिणा
नाभीगुदेवालिपेन शिशूनांस्नंपरम्
इन्दुखीचननेवाणि शिखिभागंहियोजयेत्
तदिगंधाकमुदाऽशतपुष्पाविचूर्णिताः

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माषद्वयंगवांदुग्धैसेवयेद्दिनपंचकं
रेचयेन्मृत्तिकां शुद्धांशिशूतांहितमौषधं *Kumaratantra.*

The best purgative for a child is to plaster either on the navel or on the anus, with the paste prepared with castor seeds, excreta of a rat and lemon juice.

Langhanam (Fasting) in childhood—

सर्वंनिवार्यते वाले स्तन्यं नैव निवार्यते
मात्रयालंखयेधात्रींशिशोरेतत्तेधलंखनं *Kumaratantra.*

Fasting for a child is to stop all other foods and to give breast-milk of its mother who indulges in light food. This is the way of fasting chi dren.

R/ Sushma Ela (Lesser cardamom) ... 1 part
Suddha gandhaka (purified Sulphur) ... 2 parts
Muhdada ... .. 3 parts

Prepare powders each weighing one Masha (grain) to be taken for five days.

Dosage in children—

ततमामादूर्ध्वं क्षीरपायांगुलिपद्द्वयग्रहणसम्मितामौषधमात्रांविदद्यात्कोलास्तिसम्मितां, कल्कमात्रां, क्षीरान्नादायकोलसम्मितामन्नादायेति । *Sushruta, Sareera.*

प्रथममासिजातस्यशिशोर्भेषजरक्तिका
अवलेह्यतुकर्तव्या मधुक्षीरसिताघृतैः
ऐकैकंवर्धयेत्तावद्यावत्संवत्सरोभवेत् *Vagbhata, Uttara.*
ततोर्ध्वमासवृद्धिश्शाद्यावत्षोशिकाब्दिके
विड़ंगंफलमात्रंतु जात मात्रंस्यभेषजं
ऐतेनैवप्रमाणेन मासिमासिविवर्धितः
कोलस्तिमात्रंक्षीरादेर्दद्याद्भेषजकोविदः *Kumaratantra.*

1. Medicines to the quantity of a small pinchful may be prescribed for a suckling who has completed its first month of life. *Kalka* should be given to a child fed on both milk and rice to the size of a stone of plum fruit, and the dose for child fed on rice only being of the size of a kola (Plum fruit).

2. In the case of a child one month old, drugs should be given in the form of an electuary through the vehicle of milk, honey, syrup, clarified butter etc., the dose being one *Rati* at first and gradually increased a *Rati* a month till it completes one year. After this time the dose is to be one *Masha* for each year of age till he is fifteen.

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3. From the time of birth the dose should be one *vidanga*, afterwards it should be gradually increased by a *vidanga* a month till it completes its first year. During the period, when the child takes milk and rice, it should be of the size of a Plum, and when it takes rice alone it should of the size of a fig. *

Method of treating infantile fever—

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ऐकद्वीत्रीणीचाहानिवातपित्तकफज्वरे
स्तन्यपायाहितंसर्पिरितिराग्यांयधार्धत:
नयतृष्णमयातत्रपाययेतशिशुस्तनौ
विरेकवस्तिवमनान्मृतेकुर्याच्छनात्ययात् *Sushruta—Sarira.*

The use of clarified butter is not beneficial to the child on the first day of an attack of Vata-Jwara, within the first two days of an attack of Pitta-Jwara, and within the first three days of that of Kapha-Jwara. But the use of clarified butter may be prescribed for an infant fed on milk and rice, or on boiled rice alone according to requirements. In case of fever a child should be given no suck at all, lest the symptoms of thirst might develop. Purgative, Vastis or emetics are forbidden in the disease of children unless the disease threatens to take a fatal course.

Treatment of Vata-Jwara—

1. R/-

Decoction of

Sthira

Gokhura (Tinespora cordifolia)
Viswa (Dry ginger)
diaphoretic. Vala (Pavonia odorata)
Kshudra (Honey)
Chinnaruha
Kiratatikta (Swertia Chirata)

This should be given both to the child and its mother.

2. R/-

Either the decoction of

Panchamula

Or the decoction of

Guduchi (Tinospora cordifolia)
Draksha (Dried grapes)
Sariba (Hemidesmus indicus)
Bala (Pavonia odorata) (*Kumaratantra*)

*This is the regulated dose according to several authorities.

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3. R/- Bhadradaru
Musta (Cyperus rotundas)
Yasthimadhu (Liquorice)
Varahakranta
Sitophal (sugar)

Prepare syrup with the above (Kumaratantra) and give in Vata-jwara.

Treatment of Pitta-jwara—

1. R/- Sariba (Hemidesmus indicus)
Utpala
Kasmarya (Gonelina Arboria)
Chinna (Tinospora Cordifolia)
Padmaka (Nelumbium speciosum)
Parpata (Oldenlandia Herbocia) *Kumaratantra*

Prepare decoction and give in Pittaja Jwara of children.

2. R/- Musta (Cyperus rotundus)
Parpata (Oldenlandia herbocia)
Useera (Andropogan neuricatum)
Vari (Pavonia odorata)
Padmaka (Nelumbium speciosum)

Prepare *Sitakashaya* * and give in Pitta-jwara of children.

3. Laja (fried paddy)
Nilotpala (Nymphea stellata)
Kana (piper longum)
Madhura (Fizyphus Nampeca)
Anjana (galena) ext. of Berberis Asiatica.
Sarkara (sugar)

Make powder with above drugs and mix with honey.
This should be given to children in Pitta-jwara (K.T.)

4. Musta (Cyperus rotundus)
Chandana (sandal wood)
Vasa (Adhatoda Vasika)
Hribera (Pavonia adorata)
Yasthi (Liquorice)
Amrita (Tinespora cordefolia)

Prepare decoction with the above and give to children.
This cures Pitta-jwara, thirst and burning sensation (K.T.)

* Sitakashaya is cold infusion prepared by steeping one part of the powdered drug in six of cold water for the night and straining the fluid in the morning.

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5. Vasa (Adhatoda Vasika)
Parpata (oldenlandia herbocia)
Usheera (Andropogum nuricotum)
Nimba (Melia Azadirachta Indica)
Bhunimba (Swertia Chirata)

Prepare decoctinn and give.

Cures Pitta-jwara, Vomiting, Swasa and Kasa of children (K. T.)

Treatment of Sleshma Jwara —

1. R/- Abhaya (Terminalia Chebula)
Amlaki (Emblica officinalis)
Krishna (Piper longum)
Chitraka (Plumbago Zylanica)

Prepare powder.

This is *Deepana* and *Pachana* and cures Kapha-fever of children. (K. T.)

2. R/- Bilwa (Aegle marmellos)
Kushta (Sausurea aurienalata)
Varuna (Crataeva neervala)
Renuka (Piper anantiacum)

Treatment of Vata-Pitta fever—

1. R/ Musta (Cyperus rotandus)
Parpataka (Oldenlandia herbocia)
Chinna (Tinespora cordifolia)
Kirata (Chirata)
Viswabheshaja (dried ginger)

Prepare decoction and give :

Cures Vata-Pitta jwara of children. (K.T.)

2. Usheera (andropogan neuricatum)
Madhuka (Liquorice)
Draksha (Dried grapes)
Kasmari (Gruelina arboria)
Nilotpalam (Nymphea stellata)
Parushakam (zyllocarpus granatum)
Padmakam (Nelumbium speciosum)
Madhukam (two parts)
Bala (Pavonia odorata)

Prepare decoction and give (K.T.)

Cure Vata-Pitta jwara of children.

K.T. = Kumaratantra by Ravana.

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Treatment of Vata-kapha fever—

1. R/-
   Kirata-tikta (swerta Chirata)
   Musta (Cyperus rotandus)
   Guduchi (Tinospora cordifolia)
   Viswa-bheshajam (dried ginger)

Prepare decoction. This is called *Chaturbhadrika*

Cures Vata-Kapha jwara of children. (K.T.)

2. Mudga (green gram)
   Tandula (rice)

Prepare Kanji with the above.

Cures Vata-Kapha jwara (K. T.)

Treatment of Pitta-Kapha fever—

1. R/- Triphala (three myrobalans)
   Pichu mandu Gum of Neem tree)
   Patola (Tricosanthus diocia)
   Madhuka (liquorice)
   Bala (Pavonia odorata)

Prepare decoction and give.

Cures Pitta-Kapha jwara. (K. T.)

2. Amrita (Tinospora cordifolia)
   Indrayava (seeds of hollarrhena antidysenterica)
   Arishta (sapindus trifoliatus—soap-nut)
   Patola (Tricosanthus diocia)
   Katurohini (Helleborus Niger)
   Nagara (dried ginger)
   Chandana (Sandal wood)
   Musta (cyperus rotundus)
   Pippali (Piper longum)

Prepare decoction and give with a little powder of Pippal.

Cures Pitta-Kapha jwara of children. (K.T.)

3. Dhanyaka (Coriander)
   Chandana (Sandal wood)
   Padmaka (Nelumbiam speciosum)
   Musta (Cyperus rotundus)
   Sakrayava (seeds of Hollarrhena antidysenterca)
   Amlaki (Emblica officinalis)
   Patola (Tricosanthus diocia)

Prepare *Sitakashaya* and give.

Cures Pitta-Kapha jwara of children (K. T.)

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Treatment of Sannipata jwara—

1. R/ Decoc. Dasamula
Pulv. Pippali
Mix and give

Cures the complications of *Moha* and *tantra* in Sannipata jwara of Children (K. T.)

2. Bhadramusta
Abhaya (Terminalia Chebula)
Nimba (Melia azadirachta)
Patola (Tricosanthus diocia)
Madhuka (Liquorice)

Prepare decoction and give when hot.

Cures all varieties of fever of children.

3. Aragwadha (Cassia fistula)
Ativisha (Aconitum heterophyllum)
Musta (Cyperus rotundus)
Tikta (Swertia Chirata)

Prepare decoction and give.

Cures fever with the complications of Colic, Vomiting, Thirst, Jaundice and hæmorrhage of children. (K. T.)

Treatment of Vishama fevers—

1. R/
Either Avaleha prepared with—
Vasa (Adhatoda Vasika)
Vyadhi (Leppa)
Kana (Piper longum)
or Avaleha prepared with—
Kshudra
Amrita (Tinespora cordifolia)
Ananta (Hemidesmus Indicus)
Tikta (Neem)
Bhunimba or Chandana

Cures *Sita-jwara* of Children.

2. R/
Nimba-patra
Amrita
Ananta
Patola
Indrayava

Prepare decoction and give

Cures *Satata-Jwara* of children (K. T.)

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3. R/

Decoc. Katukarohini (Picrorrhiza kurroa)
Pulv. Pippali (Piper longum)

Prepare a mixture and give
Cures *Ekahika-jwara* of children with *Kasa* and *swasa.*

4. R/

Draksha (dried grapes)
Patola (tricosanthus diocia)
Triphala (Three myrobalans)
Pichumanda (Bark of neem tree)
Vasa (Adhatoda Vasika)

Prepare decoction and give in Ekahika fever of children. (K.T)

5. R/ Guduchi (Tinespora cordifolia)
Chandana (sandal wood)
Usheera (Andropogan neuricatum)
Dhanya (Oryza sativa)
Nagara (dried ginger)

Prepare decoction and add a little sugar and honey.
Cures *tritiyaka jwara* (tertian fever) of children. (K.T.)

6. R/ Chandana (sandal wood)
Vasaka (Adhatoda Vasika)
Musta (cyperus rotandus)
Guduchi (Tinespora cordifolia)
Draksha (dried grapes)

Prepare Sitakashaya.
Cures *seetajwara* of children. (K.T.)

7. R/- *Panchagavaghrita*

Equal parts of milk, curd, clarified butter and urine of a cow and the expressed juice of cow dung duly cooked with the kalka of

	Triphala	Vidanga
	Chitraka	Trikatu
	Musta	Chavya
two kinds of	Haridra	Suradara
	Ativisha	
	Vacha	

(K. T.)

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Treatment of fevers in general (सर्व्वज्वर चिकित्सा) :—

R/-

Bhadramusta (cyperus rotandus)
Abhaya (Terminalia chebula)
Nimba (Melia azadirachta)
Patola (Tricanthus diocia)
Madhuka (Liquorice)

Prepare decoction and give when hot
Cures all the fevers that afflict children. (K. T.)

R/-

Katphala (Mysica sapida)
Pushkara (Sassurea lappa)
Sringi (Rhus succedanea)
Pippali (Piper longum)
Madhu (Honey)

Prepare avaleha
Cures fever, cough, swasa, indigestion. (K. T.)

Treatment external :—

Murva (Sanseviera zeylanica)
Nisa (Curcuma longa)
Sarshapa (Brasrica campastris)
Chirata (Swertia Chirata)
Sweta (Hemidesmus indicus-white)
Samanga (Rubia cordifolia)
Ajamoda (Pimpenella involucrata)
Vina (Cyperus rotandus)
Goats' Milk

Prepare paste, and apply to the whole body and massage.
Cures fever of children. (K. T.)

Palankasha (Balsamodendron mukul)
Vacha (Acorus calamus)
Kushta (Lappa)
Gajacharm (Skim of elephant)
Vicharma (Skin of goats)
Nimba patra (Neem leaves)
Makshika (Honey)
Sarpi (clarified butter)

Mix and use for fumigation to children.
Cures fever. (K. T.)

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Treatment of Infantile Diarrhœa (अतिसार चिकित्सा) :—

1. R/ Bilwa (Aegle marmellos)
Dhataki pushpa (Woodfordia floribunda flowers)
Lodhra (Symplocos racemosa)
Gajapippali (Scindapasus officinalis)

Prepare decoction and add a little honey.

2. R/ Kakoli (Tizyphus napeca)
Gajakrishna (Scindapasus officinalis)
Lodhra (Symplocos racemosa)

Prepare decoction with equal parts and add a little honey.
Cures infantile diarrhoea. (K. T.)

3. R/ Laja (fried paddy).
Saindhava (Rock salt)

Prepare powder and mix with honey.
Cures infantile diarrhœa (K. T.)

4. R/ Phalinya (Aglaia roxburghiana)
Anjana (extr. of Berberis asiatica)
Musta (Cyperus rotandus)

Prepare powder and mix with honey.
Cures thirst, vomiting and diarrhœa of children. (K. T.)

5. R/ Pippali (Piper longum)
Rasanjana (Extr. of B. asiatica)
Chutaphalastri (Kernel of mango)

Prepare powder with equal parts and mix with honey.
Cures vomiting and diarrhœa of infants. (K. T.)

6. R/

Prepare powder and mix honey
either with, Lodhra (Symplocos racemosa)
Pippali (Pipper longum)
Valaka (Andropogan muricatus)
or, Srirasa
Dhataki puspa (flowers of woodfordia floribunda)
Cures infantile diarrhœa. (K.T.)

7. R/ Nagara (dry ginger)
Ativisha (Aconitum heterophyllum)
Musta (Cyperus rotandus)
Valaka (Andropogan muricatus)
Indrayava (Seeds of hollarrhena anti-dysenterica)

Prepare strong decoction.
Cures all varieties of diarrhœa. (K. T.)

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8, R/ Amrabijam (Kernel of mango)
Lodhra (Symplocos racemosa)
Dhatrephalarasam (juice of phyleanthus emblica)
Prepare powder and add butter milk of buffaloes. (K. T.)

9. R/ Samanga (Rubia cordifolia)
Dhataki (Woodfordia floribunda)
Lodhra (Symplocos racemosa)
Sariba (Hemidesmus indicus)
Prepare decoction and add honey.

(*Chakradatta*)

10. R/ Matanga (Long pepper)
Pippalimula (Stems of piper langam)
Lodhra (Symplocos racemosa)
Savara (A variety of lodhra)
Prepare decoction with equal parts.
or R/
Pulv. prepared with the aboue drugs.

(*Raja Martanda*)

11. R/ Samanga (Rubia cordifolia)
Dhataki (W. floribunda)
Padma (N. speciosum)
Vagastha
Kacchura (Macuna prurient)
Prepare yavagu.
Cures diarrhœa of children.

(*Chakradatta*).

12. R/ Dhataki (W. floribunda)
Bilwa (A. Marmellos)
Lodhra (S. racemosa)
Patha (Stephania hermandifolia)
Lajjalu (Mimosa pudica)
Vatsaka (Calamus rotang)
Dhanyaka (O. sativa)
Ativisha (A. haterophyllum)
Musta (C. rotandus)
Valakam (A. Muricatus.)
Gajapippal (S. officinalis)
either prepare decoction and add honey
or prepare avaleha.
Cures all varieties of diarrhœa of infants.

(*Sarangadhara*)

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13. R/ Patha (S. hermandifolia)
Bilwa (A. marmellos)
Vatsaka (C. rotang)
Salmali twacha (bark of bomba malabarican)

Prepare powder and mix with milk.
Cures infantile diarrhœa.

(*Harita Samhita*).

14. R/ Tavaraja
Kana (Piper longam)
Saindhava (Rock salt)
Katutrayam (Trikatu)

Prepare powder and mix with honey.
Cures infantile diarrhœa.

(*Gadanigraha*).

(*To be continued*).

PULSE IN FEVERS ACCORDING TO THE AYURVEDIC MEDICINE

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The fever (jwara) in the modern system of medicine means a rise of the body temperature above the normal (taken to be 98 4° F.) as demonstrated by the thermometer. But 'fever' in Ayurveda dictates several other conditions in addition to a rise of body-temperature and probably there are cases where the bodily temperature is scarcely above the normal,

I. Pulse before the advent of fever :—

(1) अङ्गग्रहेण नाडीनां जायन्ते मन्थराः प्लवाः।
प्लवः प्रवक्तां याति ज्वरदाहाभिभूतये॥ II. 4 ; II. 38

(2) सान्निपातिकरूपेण भवन्ति सर्ववेदना। II. 36 ; II. 38

(3) पूरा मन्दत्वात् स व्रजति तीव्र शनकैः याति खरतां ज्वरे। II. 24.

(I) The pulse becomes slow and jerky (before the advent of fever) due to aching pains in the body. In the burning sensation

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(due to) rise of temperature) in fever, the pulse becomes forcibly jerky (more bounding).

(2) In Sannipatic form (of fever), there is general soreness of the body.

(3) The pulse, which was slow before, becomes forcible and quick and beats with celerity.

II. Pulse in fever.

A. Simple fever (in general) :—

(1) उष्मवेगवहा हृस्वे नाडी वेग ज्वरस्य तु। II. 12

(2) उष्मावेगवती चेष्टे नाडी वेगं ज्वरस्य सा। II. 27

(3) उष्मा वेगधरा नाडी ज्वरकेपि प्रजायते। II. 4 ; II. 18

(4) ज्वरकेपि[1,2] सोष्मा वेगवती नाडी[3]। I. 1 ; I. 2 ; II. 41 ; II. 17 ; II. 25 ; II. 26 ; II. 36 ; II. 20 ; II. 4 ; II, 29 ; II. 31 ; [1]ज्वरकोपेन, II. 26 ; II. 38 ([2]धमनी, [3]भवेत्) ; II. 1

(5) জ্বরপ্রকোপ হইলে সোষ্মা বেগবতী অতি হয়। II. 9

(6) ज्वरे तीव्रा प्रसन्ना च नाडी वहति पित्तत:॥ II. 20

(7) ज्वरे च वक्रं धावन्ति तथा च मारुत प्लवे। II. 4

(8) ज्वरात् उष्मा सा (नाडी) तु वेगवती सदा। II. 42

(9) জ্বরের গমন হইলে নাড়ী অতি সূক্ষ্ম হয়।
মন্দ মন্দ গতি চলে জানিহ নিশ্চয়॥ II. 9.

(10) नाडी सोष्मा सवेगा ज्वरकुपिते। II. 27

(11) पुष्टा ज्वरेषु धमनी तरिता विशेषा। II. 37

(12) पुरा मन्दत्वात् सा व्रजति तीव्र मनकैः यांति खरतां ज्वरे। II. 24

(13) महावेगा यदा नाडी वेगवान्तु ज्वरस्यदा। II. 1

(14) बायसी वहति नाडी उत्कण्ठं ज्वरदाहकं। II, 2

(15) वर्णान् लघून् वदति या वहति द्रुतोयं काखं।
ज्वरात् लवति तीव्रतरा ध्यलग्ना॥ II. 24

(16) सहज धमनी कालात् अर्द्धेतु ज्वर नाडिका वहति। II. 24

In we take the pulse characters collectively from the passages quoted above we can consider them under the following headings :— (a) Most of the treatises (1-4, 8, 10) describe the pulse as jerky (ushma) and frequent (vegavaha) ; one (13) describes it as very frequent (mahavega). According to (16) the pulse in fever beats in half the time it does in healthy condition ; that is, the pulse becomes frequent. The jerky pulse is compared to the progression

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of a crow in (14), where the pulse is also described as agitated (utkantha) and causing burning by fever. (*b*) In (6) the pulse is described as sharp to the touch (tibra) and soft (prasanna). (*c*) In (11) the pulse is said to be full and frequent. (*d*) In (15) it is noted that the pulse which beats with intervals corresponding to the pronouncing of three short letters becomes more frequent in fever and the beats become disconnected with one another. In (16) it is said that the pulse which, owing to slowness, was before beating forcibly and slow, beats quickly in fever. (*e*) According to (7) in fever, as well as in derangement of Vayu, the pulse beats crookedly. This is an unusual condition, unless the patient has already a high blood pressure. (*f*) In (9) the pulse is described as fine (thready) and slow in fever. This no doubt represents an asthenic condition.

B. Pure uncomplicated fever :—

মণ্ডকী ভুজঙ্গ মসালের গতি যদি হয়।
শুদ্ধ জ্বর বলি তারে জানিবে নিশ্চয়॥ II. 9

If the pulse resembles the progression of a frog, a snake and a mahasala fish, it indicates *pure* (uncomplicated) fever.

C. Antargata fever (Internal fever) :—

(1) अति शीता सवेगा च तिष्ठत्यन्तर्गते ज्वरे। II. 12

(2) अति शीता सवेगा च ब्रुते पञ्चशरादिकं।
उष्मा नाडी वायुशीतमाचष्टेऽन्तर्गतं ज्वरं॥ II. 27

(3) शरीरं शीतलं यस्य स्नायुरुष्मो च लक्ष्यते।
ज्वरमन्तर्गतं विद्यात् इति वैद्यः प्रचक्षते॥ II 25

If the pulse is very soft and forcible (1, 2) and beats jerkily (2, 3) and has the rate of 55 ? (brute panchasaradikam), and if the body is cold while the pulse is jerky, it speaks of *antargata jwara*.

D. Chronic fever (Chira-jwara) :—According to Ayurvedic Medicine the fever which continues for seven nights is to be taken as acute (taruna). (II. 44).

चिरज्वरेतु चपला तुष्मा नोष्मा च कर्हिचित्। II. 28

In chronic fever the pulse is frequent, sometimes jerky, sometimes not.

E. Fevers due to or attended with indiscretion on the part of the patient :—

(1) क्रोधजे सङ्कलग्नाङ्गा समाङ्गा कामजे ज्वरे। II. 41

(2) अम्लाशित्वादसुस्थत्व जायन्ते नापिताः शिराः। II. 38

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(3) ज्वरे च रमणे नाडी चीणाङ्गी मन्दगामिनी।
ज्वरे कामार्त्तिरूपेण भवन्ति विकलाः शिराः॥
II. 4; II. 38; II. 18

(4) उष्णत्वं विषमा वेगा ज्वरिणां दधिभोजनात्। II. 38

(5) ज्वर हइले करे यदि दधि भक्षण।
ऊष्ण वेगवती नाड़ी करये गमन॥ II. 9

(6) काञ्जिकया ज्वराक्रान्ते जायन्ते मन्थरा गतिः। II. 38

The pulse in fever arising from anger becomes full between the beats (the beats become connected with one another) (1).

The pulse in fever due to passion becomes low (the beats are so low as to be more or less continuous). (1).

The pulse in illness (fever) due to sour food becomes jerky (2).

The pulse in fever due to taking of kanji (the excess of water left after boiling rice) becomes slow (6).

The pulse after sexual intercourse in fever becomes slow and feeble. If one becomes much passionate in fever, the pulse becomes very quick and jerky (4, 5).

F. Pulse in intermittent fever :—

(1) क्षीणाङ्गगति विषम ज्वरे जानिबे निश्चय। II. 9

(2) ज्वरं शैत्यं वेपथ्वी सम्भवं व्रजति द्रुतम्।
द्वयमेकाह्निकादीनां व्याधिनां जननी मता॥
भूतग्रहे शिरा लक्ष्या सविराणेऽकाह्निके ज्वरे॥ II. 20

(3) पालि ज्वरे त्र्याहिके नाड़ी वक्रगति हय। II. 9

(4) ऐकाह्निके क्वचन प्रदरे क्षणान्तगामी विषम ज्वरेषु।
द्वितीयके वाथ तृतीय तुर्ये गच्छन्ति तस्य भिषजः क्रमेण॥
II. 36; II. 38; II. 4; II. 18

In Visamajwara (intermittent fever—evidently malarial) the pulse becomes weak (1).

In fever with rigor or trembling, the pulse becomes frequent; this is to be taken in quotidian diseases (fevers) and others. The pulse is same in one under the influence of a ghost and in the quotidian fever (2).

In tertian fever the pulse becomes crooked (3). This evidently refers to a low tension pulse with cardiac action.

In quotidian intermittent fever, the pulse sometimes recedes for a little distance from the root of the thumb, but comes back after a short while (4). This evidently refers to the muscular spasm during rigor causing to disappear the pulse from the wrist for

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the time being. In quartian, tertain and fourth day fevers, the pulse becomes jerky (or forcible to the touch) and beats like (the rolling of) a wheel (that is, becomes very quick).

G Pulse in fevers due to derangement of *Vayu*, *Pitta* and *Kapha*, singly or in varions combinations :—

It should be noted at the outset that the febrile conditions caused by deranged *Vayu*, *Pitta* and *Kapha* differ from the simple deranged conditions in degrees only. In some treatises the two pulse conditions are seldom differentiated.

(1) *Vayu*.

(1) वातेन वक्रगमना स्फुरिता विलोला। II. 4 ; II. 37

(2) ज्वरे च वक्रा धावन्ति तथा च मारुतप्लवे। II. 38

(3) वक्रा च चपला शीतस्पर्शा वातज्वरे भवेत्।
II. 29 ; II. 4 ; II. 20

(4) नाडिका वहति कठिना स्थूला बाध्नी। II. 18

(5) सूक्ष्मा शीता स्थिरा नाडी मन्दा सहजा वातजा।
II. 26 ; II. 4 ; II. 38

(6) सौम्या सूक्ष्मा स्थिरा नाडी सहज वातजा। II. 4 ; II. 26 ; II 38

(7) सौम्या सूक्ष्मा स्थिरा मन्दा नाडी सहजवातजा।
II. 4 ; II. 26 ; II. 30 ; II. 36 ; II. 38

(8) स्थूला च कठिना शीघ्रा स्पन्दते तीव्र मारुते।
II. 36 ; II 4 ; II 30

(9) रूक्षवात भवेत्तस्य नाडी स्यात् पित्तसन्निभा। II. 4 ; II. 30

(10) कठिना स्थूला बाध्नी त्वरा भवति ज्वरे। II. 24

(11) महावेगा यदा नाडी वहते तन्तुसदृशा।
तदा वाताधिकं ज्ञेयं॥ II. 1

(12) वातज्वरे तु संभूते दात्यूह गतिमादिशेत्। II 12.

Taking together the characteristics of fever due to deranged Vayu from the varions treatises, we enumerate them as follows :—

(i) The pulse is crooked (that is, with a low rise) (1, 2).

(ii) It is hard (high-tensioned) (4, 10)

(iii) It is expanding (*sphurita*) (1).

(iv) It is shaky (*vilola*), that is, with a low, rounded top ; and smooth to the touch *sitasparsa*) that is, with rounded top (3).

(v) It is large (that is, with a large volume) (4, 10) ; according to one (11) it is thready.

(vi) It is very forcible (*mahavega*) (11).

(vii) It is frequent (2).

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(viii) It resembles the progression of gallinule (12).

In simple derangement, the pulse is slender (5, 6, 7), soft [*sita* (5 ; *saumya* (6, 7)], slow 5, 7) and quiet (that is, not much high-tensioned) (5, 6, 7).

In severe derangement, pulse becomes hard (high-tensioned) (8), full (8), quick (8) and approaches the Pitta-pulse (9).

Apart from the pulse conditions depicted above, the other signs and symptoms as described in Ayurvedic works make us think that the present type of fever probably corresponds to "Sthenic fever" of the Modern Medicine. Thus we find in Dorlands' Medical Dictionary : "Sthenic fever, fever characterised by a full strong pulse, hot and dry skin, high temperature, thirst and active delirium."

(2) *Pitta.*

(1) पित्तेन शीघ्रा चलिता प्लुतगामिनी स्यात्। II. 4 ; II. 37

(2) सहज तरला दीर्घा पित्तज्वरे। II. 24

(3) उष्म पित्त शरीरिण:। II. 1

(4) भृता (द्रुता) च सरला दीर्घा शीघ्रा पित्तज्वरे भवेत्।
II. 1 ; II 36 ; II. 4 ; II. 34 ; II. 20 ; II. 26.

(5) मृणाल सरला दीर्घा नाडी पित्तज्वरे भवेत्। II. 30 ; II. 20

(6) पित्तेतु क्रकलास्य धमन्यां वर्त्तते मृदु। II. 12

The pulse shows the following characteristics :

(i) It is jerky (1).

(ii) It is forcible (to-touch) (1, 2).

(iii) It is full (4).

(iv) It is long (2, 4, 5) and straight (that is, with a straight vertical rise) (4) ; [straight like the stem of a lotus (5)].

(v) It is soft (*sahaja-tarala*) (2).

(vi) It beats with celerity (4) and with frequency (4).

(vii) It resembles the progression of a chamaleon.

The present type of fever, with its accompanying signs and symptoms as depicted in the Ayurvedic Medicine, makes us consider that it corresponds to one attended with deranged liver (as acute congestion of the liver, or acute hepatitis).

(3) *Kapha.*

(1) नाडी कफेन चलिता यदि मन्थरात्ता। II 4 ; II. 37

(2) मन्दा च सुस्थिरा शीता पिच्छिला श्लेष्मके भवेत्। II. 29 ; II. 20

(3) श्लेष्मज्वरेतु संभूते धमनी वर्त्तते मृदु। II. 12

(4) नाडी तन्तुसमा मन्दा शीतला श्लेष्मदोषजा। II. 36 ; II. 38 ; II. 4

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The pulse in Kapha-fever shows the following characteristics :—

(i) It is soft (2, 3, 4) (that is, low-tensioned)

(ii) It is slow (1, 2, 4).

(iii) It is thready (4).

(iv) It is quiet (that is, with a very low-ascent) and slippery (that is, beats smoothly beneath the examining fingers (2).

This type of pulse probably corresponds to the asthenic fever of Modern Medicine.

(4) *Vayu* and *Pitta*.

(1) स्थूला च सरला चैव कठिना वातपित्तजा। II. 1

(2) स्थूला चपला तरला कठिना वातपित्तजा। II. 26

(3) वक्रा च ईषच्चपला कठिना वातपित्तजा। II. 29

(4) निरन्तरं तु चपला त्वग्रीवत प्रवहेत्तु सा।
सूक्ष्मा तन्तुसमा मन्दा वातपित्तज्वरे भवेत्॥ II. 12

(5) चञ्चला तरला स्थूला कठिना वातपित्तजा II. 36 ; II. 2 ; II. 30.

(6) বক্র হয়ে নাড়ী যদি করয়ে গমন।
বাত পিত্ত জ্বর বলি জানিবে কারণ॥ II. 9.

(7) ब्रह्मनाडी हंसगतिरीश्वरो वैष्णवं स्पृशन्।
त्रिमूर्त्तको वक्रगति वातपित्तस्य लक्षणं॥
ब्रह्मनाडी कुक्कुटगतिः विष्णुरीश्वरकं स्पृशन्।
त्रिमूर्त्तको वक्रगति पित्तवायोश्च लक्षणं॥ II. 16.

The pulse in fever arising from the derangements of Vayu and Pitta becomes full (1, 2, 5), hard (high-tensioned) (1, 2, 3, 5), has a straight rise (1) with an acute (sharp) tip (*agnibat*—4) or is flowing (that is with a rounded top) (2, 5), and beats with celerity (2, 4, 5) ; it may be curved (that is, with a rounded top) (3, 6). According to (4), it always beats with celerity, has a sharp top, is slender and threadlike and is slow.

According to (1) the Kaphanadi (pulse indicating Kapha principle) has the progression of a goose ; the Vayu pulse touches the Pitta pulse ; all the three nadis (Vayu, Pitta and Kapha) are deranged ; such is the sign of *Vayu-pitta* derangement.

The kaphanadi has the progression of a fowl (that is slow) ; the pitta-pulse touchs the vayu-pulse ; the three nadis are deranged ; such is the sign of *Pitta-Vayu* deragement.

The following commentary is added to the passage No. 7.

'ब्रह्मनाडी' श्लेष्मनाडी 'हंसगति' ; मन्दगतेसति 'ईश्वरः' वातनाडी 'वैष्णवं' पित्त नाडी 'स्पृशन्' स्पृशन् गन्त 'त्रिमूर्त्तकः' वातश्लेष्म पित्त नाड्यः प्रकृति पूर्वापर दृष्टिगतिः [illegible] तर्यदि वातपैत्य-

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लक्षणमित्युच्यते। एतन्मन्दवक्रगत्यामन्तर्गत लक्षणमित्युच्यते एतदृगति ऋजुगतिर्यदि वातपैत्यज्वर लक्षणं इत्युच्यते।

'ब्रह्मनाडी' 'कुक्कुटगति' मंन्दगते सति 'विष्णुः' पित्तनाडी 'ईश्वरं' वातनाडी 'स्पृशन्' सन् 'त्रमूर्त्तकः' वातश्लेष्म पित्य नाढ्याः वक्रगतिः पूर्व्वापर दृष्टिगतिः एतन्मन्दगतिर्यदि पित्तवायु लक्षणमित्युच्यते। एतन्मन्द वक्रगत्यामन्तर्गतमित्युच्यते एतद्गति ऋजुगतिर्यदि पैत्तवायुज्वर लक्षणं इत्युच्यते।

From the commentary it appears that the pulse in fever due to derangements of Vayu and Pitta is slow and curved (high-tension). If the Vayu condition predominates the pulse becomes quick. If the Pitta codition becomes strong, it beats with a straight rise.

(5) *Vayu* and *Kapha*.

(1) अतिउष्णाच महावेगा नाडी वातकफान्विता। II. 1.

(2) सम्यक् स्वस्थानिका नाड़ी कठिना स्यन्दते क्षणात्।
शीघ्रा सवातकफज्वरे वहति नाडिका॥ II. 12.

(3) ईषच्चदश्यते तुष्णा मन्दास्यात् श्लेष्मवातजा।
II. 29; II. 4; II. 26; 36; II. 38.

(4) निरन्तरं खरं रूक्षं मन्दश्लेष्मातिवातलं। II. 38.

(5) विष्णु नाडी मन्दगति ब्रह्मण ईश्वरं स्पृशन्।
त्रयश्च नाडी वक्रगति श्लेष्मवायो लक्षणं॥
अर्धं नाडी मन्दगति मृतको जीवकं स्पृशन्।
विमुर्त्तको वक्रगतिर्वात श्लेष्मस्य लक्षणं॥

Commentary :—

'विष्णु नाडी' पैत्य नाडी 'मन्द गति' मंन्दगतेसति 'ब्रह्मण' श्लेष्म नाडी 'ईश्वर' वातनाडी 'स्पृशन्' सन् विमूर्त्तकः' वातश्लेष्मपित्तनाड्याः 'वक्रगतिः' पुर्व्वापर दृष्टिगतिः एतन्मन्दगति यैदि 'श्लेष्मवायु' लक्षणमित्युच्यते। एनन्मन्दवक्रगत्यामन्तर्गत लक्षणमित्युच्यते एतद् वेगगतिर्यदि श्लेष्म वायु ज्वरमित्युच्यते।

'अर्धनाडी' पित्तनाडी 'मन्दगतिः' मन्दगते सति 'मृतकः' वातनाडी 'जीवकं' श्लेष्मनाडी 'स्पृशन्' सन् 'विमूर्त्तकः' वानश्लेष्मपित्तनाड्याः 'वक्रगतिः' पूर्वापर दृष्टिगतिः एनन्मन्दगतिर्यदि वातश्लेष्म लक्षणमित्युच्यते एतन्मन्द वक्रगत्यामन्तर्गत लक्षणमित्युच्यते एतज्जवगतिर्यदि वातश्लेष्म ज्वर उच्यते। II. 16.

The pulse in fever arising from the derangements of *Vayu* and *Pitta* is jerky [very jerky—(1), slightly jerky—(3)], forcible (1), slow (3, 4) and rough (that is, high-tensioned) (4). According to (2), the pulse is generally normal but at times becomes hard and quick. According to (5), the Pitta pulse is slow; the Kapha-pulse touches the Vayu-pulse or vice versa. The three nadis are abnormal. It thus appears that the pulse is slow and curved (that is, high-tensioned) If the Vayu predominates the pulse becomes forcible; if the Kapha gets the upperhand, it become quick.

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(6) *Pitta* and *Kapha.*

(1) अतिसूक्ष्मा च वेगाच शीतला वहति यदि II. 1.

(2) सूक्ष्मा तन्तुसमा मन्दा श्लेष्मपित्त ज्वरे भवेत् । II. 12.

(3) सूक्ष्मामासीत् स्थिरा नाडी पित्तश्लेष्म समुद्भवा ।
II. 26 ; II. 36 ; II. 4.

(4) सूक्ष्मा सास्वस्थगा नाडी मन्दा तन्तु समा भवेत् ।
शीतला दाहवेगार्त्ता श्लेष्मपित्तज्वरे भवेत् ॥ II. 12.

(5) तन्तु तुल्या मन्दगति किञ्चिदुष्णा भवेत् । II. 20.

(6) सूक्ष्मा शीता स्थिरा नाडी पित्तश्लेष्मसमुद्भवा । II. 12.

(7) कूर्म्मगतिस्तमो नाडी सात्विकी राजस स्पृशन् ।
त्रिगुणोवक्रको गतिः श्लेष्मपित्तस्य लक्षणं ॥
सतनाडी मन्दगतिरर्धको जीवकं स्पृशन् ।
त्रिमूर्त्तको वक्रगतिः पित्तश्लेष्मस्य लक्षणं ॥

Commentary—

'तमोनाडी' वातनाडी 'कूर्म्मगतिः' मन्दगते सति 'सात्विकः' श्लेष्मनाडी 'राजस" पित्तनाडी' 'स्पृशन्' सन् 'त्रिगुणः' वातश्लेष्मपित्तनाड्याः 'वक्रगतिः' पूर्वापर दृष्टिगतिः एतन्मन्दगतिर्यदि श्लेष्मपैत्यलक्षणमित्युच्यते एतमन्दवक्र गत्यामन्तर्गतलक्षणमित्युच्यते एतद्गतिर्वेगगतिर्यदि श्लेष्मपित्त ज्वरलक्षणमित्युच्यते ।

'सतनाडी' वातनाडी 'मन्दगतिः' सति 'अर्धकः' पित्तनाडी 'जीवकं' श्लेष्मनाडीं 'स्पृशन्' सन् त्रिमूर्त्तकः' वातश्लेष्मपित्तनाड्याः 'वक्रगतिः' पूर्वापर दृष्टिगतिः एतद्गतिर्यदि पित्तश्लेष्मलक्षणमित्युच्यते । एतन्मन्दवक्रगत्यामन्तर्गत लक्षणमित्युच्यते एतच्चवगतिर्यदि पित्त श्लेष्मज्वर लक्षणमित्युच्यते । II. 16.

The pulse in fever due to deranged Kapha and Pitta has the following characteristics :—

(1) It is small (fine) (4, 6) or very small (very fine), thready (2, 4, 5) and nearly imperceptible (*sthira*) (3-6). (2) It is soft to the touch (*sitala*) (2, 4, 6) or slightiy jerky (*ushna*) (5). (3) It is normal (otherwise) than *sthira* and is attended with burning (sensation in the body) (4).

According to (7), the pulse is slow and forcible if the Kapha derangement predominates and it becomes slow, but beats with celerity (the individual beats are quick) if the Pitta derangement predominates.

(7) *Sannipata.*

(1) सान्निपातिकरूपन भवति सर्ववेदना ।
सर्वलिङ्गसमायुक्ता सर्व्वज्ञा परिकीर्त्तिता । II. 4.

(2) सान्निपात जरे सर्व्वाङ्ग वेदना ।
विकृति मोन्दार गति जानिबे लक्षण ॥ II. 8.

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(3) क्षणे शीता क्षणेन्युष्ण क्षणेवक्र क्षणे भृता ।
ईदृश वहते नाडी सन्निपातं विनिर्दिशेत् ॥ II. 1.

(4) मन्दं शिथिल शिथिला व्याकुल व्याकुला वा स्थित्वा स्थित्वा वहति धमनी याति नासन्नसूक्ष्मा । II. 12.
निस्पन्दा च स्फुरति न पुनश्चाङ्गुलिं स्पृशति ।
भावैरेवं वहुविधं गतिं सन्निपात ज्वरेष ॥ II. 47 ; II. 12.

In fever due to Sannipata, the pulse shows the following characteristics :—

(1) There is soreness of the whole body and the pulse shows the characteristics of all the derangements (1, 2).

(2) The pulse becomes abnormal and slow (2).

(3) The pulse becomes soft, jerky, curved and full at different times (3).

(4) The pulse in Sannipata fever becomes slow (in its excursion), relaxed (very soft), agitated (that is, very low), beats with long intervals between them, becomes imperceptible, then becomes expanding and again does not touch the fingers (that is, disappears) ; it beats in this manner with different kinds of movements.

It appears that any adynamic or typhoid condition of fever is indicated by Sannipata.

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Health and Hygiene

SLEEPINESS AND WAKEFULNESS

—:o:—

The Cure of Insomnia

(By J. Louis Orton, Author of Rational Hypnotism etc.)

Insomnia, or sleeplessness, is not necessarily a serious matter. Nevertheless, the fact should be emphasised that lack of sleep, even in otherwise healthy persons, and whether the result of intention or not, tends to seriously interfere with the efficiency of mental functions, causes defective memory and inability to fix the attention; it also induces extreme sensitiveness of the eyes, with hallucinations of sight; and, of course, causes a general lack of energy. Pain, fever, brain excitement, certain organic changes in the brain, anaemia, and neurasthenia may each lead to or cause insomnia. Naturally, therefore, insomnia is much concerned with the obstinacy of complaints in which it occurs.

If a healthy and vigorous person takes too much food he or she is likely to be rendered sleepy, part of the energy which might have been used by the brain having been drawn to the stomach in order to aid digestion. On the other hand, fasting and underfeeding tend to cause wakefulness. Sleeplessness sometimes results from too much mental activity just before retiring, or from nervous irritability—due, for example, to food "lying heavy on the stomach," or to constipation. Cold feet, impure air, too much or too heavy bedclothing are other causes. But the mental element is a very strong one. Suspense is extremely likely to prevent sleep; prisoners condemned to death are wont to suffer from sleeplessness until they believe that all chance of reprieve is at an end, and the night before the execution is usually a peaceful one. Many cases of persistent partial insomnia are the result of expectation; and a fake remedy (e.g., coloured water) if supposed to be a powerful antidote, often proves efficacious. If one tries hard to go to sleep one remains awake until all effort is abandoned. That is why persons attempting to make themselves go to sleep by imagining watching sheep jumping through a hedge, ships sailing out to sea, and so on, often defeat themselves. Similarly, persons who use auto-suggestion for the purpose of inducing sleep are wont, through effort, or attempts to analyse what effect the suggestion is having, to negative the soporific effect that would otherwise occur from the process.

THE TREATMENT

As an aid to refreshing sleep, hygienic living—mental as well as physical—should receive particular attention. Many articles of diet that

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in themselves would tend to induce wakefulness may be prevented from doing so, expectation to the contrary being the controlling factor. Thus tea and coffee, taken late in the day prejudice the interests of sleep, but may be partaken of freely without producing that effect—as I particularly noticed when resident in Northumberland. To resort to laudanum or chloral is harmful, and genuine sleep is not inducible through either of those agents, unless it follows the artificial. I do not believe in having solid food within three hours of retiring; but I recommend at the last meal either onions or lettuce. The onions have a peculiar essential oil which is highly soporific. Lettuce contains, particularly in the stem when the plant is flowering, a substance called "lactucarin" (not laudanum, as often stated), and when lettuce cannot be eaten the juice can be advantageously used for procuring slumber. I may add that lettuce juice is often of great value where a person is in great pain.

When restlessness is due to congestion about the head, vinegar and water, sponged over the forehead and temples, whilst the lower part of the body is kept warm, is useful in many cases.

Sleeping on the back is liable to cause nightmare, and lying on the left side disagreeable dreams. Children are prone to sleep lying on their stomachs, a particularly good condition after a meal as the eructations can most readily escape. Many adults will find that they themselves sleep very soundly lying on their stomachs, the left arm lying over the small of the back, and the face and right hand (the right arm above the head) turned towards the left. If you sleep on your right side (or left side) you should be careful to slightly bend forward at the neck that all but insures breathing through the nose.

Have the feet warm before getting into bed. Indians and hunters make a rule of sleeping with their feet turned towards the camp fire.

HOW TO BREATHE

I advise persons inclined to be wakeful to utilise respiration in this way :—Take a breath slowly through the nose. Don't sniff, for that contracts the passage. The chest acts like a pair of bellows, and you would think it absurd to do anything at the nozzle in order to fill the bellows. Recollect, therefore, that it is the expansion of the chest which allows the breath to enter, and not the entering breath that causes the chest to expand. Having taken the breath, exhale whilst mentally picturing it, as if a vapour, passing downwards to the feet. Nerve energy and blood follow the direction of thought (we call this "dirigation" of the blood) and placidity and drowsiness result. Again, don't try hard to go to sleep, but give way to the ideas you have conjured up, and, for physical as well as mental reasons, sleep is then likely to come suddenly—of course, without your noticing when.

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In conclusion, I should point out that as insomnia, if allowed to progress very far may be all but irremediable, hypnotism, which is probably the most powerful agent in existence for correcting the condition and tendency, is indicated as a most desirable means of treatment in advanced cases. It is a stupendous error to regard hypnotism as morbid, or even, in the strict sense, abnormal. As professor McDougall (reputed to be the greatest living all-round psychologist) writes : "After a long period of unscientific dogmatic denial, the scientific world at last recognises that this condition can be induced in the great majority of normal persons, and that it is in itself perfectly harmless."—"*Health for All.*"

SECRET OF HEALTH

Why I Never Caught Cold, Fever or Even 'Flu'

(By H. H. B. S. Pant, Chief of Aundh.)

The real test of health is not mere roundness of form, nor prominent muscles, nor absence of serious illness nor possession of mere bodily strength. It is only when all the internal vital organs, such as the brain, heart, lungs, liner, stomach, kidney, uterus, intestines, skin, etc., perform their respective functions normally, that you may be said to possess perfect bodily health and perfect mental energy.

When you get up in the morning from a sound sleep overnight, you should feel buoyantly energetic, and full of pep and spirit to do your daily duties without the use of any stunulating drinks, as tea, coffee, etc.

If you desire to possess a radiant bodily and mental health, as you undoubtedly do, you will be interested in a practical system—simple and inexpensive system—worked out by me after mature thought, long experience and many experiments. The system, methodically followed, will enable you in a natural way to restore the impaired functions of the body and brain and to prevent the inroads of disease or germs.

FUTILITY OF DRUGS

You would naturally ask—"When there are so many doctors, specifics and patent medicines to cure us, where is the necessity of your system of exercise or any other ? To this, allow me to reply : In spite of the so-called advance of medical science, the incidence of disease is appallingly great, and ailments and diseases unknown to our grand and great-grand-fathers have been at present taking a heavy toll of deaths from amongst our young men and women.

The following quotation in this connection from "Health for All," a London Magazine for April, 1929 will, I hope, serve as an eye-opener :

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'The population has drunk millions of gallons of drugs prescribed by medical men aad sold by chemists, and are not better off"

A MORE SERIOUS ASPECT

"There is another, and much more serious, aspect of the drug question to take into consideration, We refer to the growing practice of resorting to drugs and patent medicines by an ever increasing number of susceptible people. We have only to study the advertisement columns of our newspapers to realise what an enormous amount of money must be spent upon all kinds of dope. Who can say how many drug-addicts there are in our country to-day ? Against the one or two cases of drug addiction that occasionally come to light, there must be a huge number of people who use drugs secretly, and who end up by becoming drug-addicts."

Most of the doctors, if not all, administer medicine to suppress the symptoms of disease, never attempting to remove the cause of disease. As long as the cause is present no amount of drugs or specifics would be of any avail.

The reader will thus be convinced of the futility and folly of drugs and medicines.

HOW TO DEAL WITH THE PROBLEM

The only solution to solve this serious problem is to be honest with yourself and ascertain your complaints and failings and start at once on doing the Namaskar exercise and on a natural diet.

After giving a thorough trial to most of the Indian and foreign systems of physical exercise, I find from actual experience that Namaskar is the all-round exercise and one that is most efficient to cure and prevent disease.

Although over 60 years of age. I have never had any ailment or disease during the past 25 years. I never caught even an ordinary cold, which is generally regarded as inevitable. Even the most dreaded epidemics such as 'flu', bubonic plague, etc., never affected me. It is wrong to boast, but I think I never shall.

"How fortunate you are," you might say. No, not at all. If you keep your blood pure and healthy by doing Namaskar exercise and by correct diet, you too, like myself will be able to defy any disease or germ.

The Namaskar exercise has also wonderful effect on the performer's mind and intellect. Since I commenced this systematic Namaskar physical exercise, I have been strenuously working twelve hours every day I don't remember a day when I felt wearied or worried. Every year seems to instil into me renewed energy, enthusiasm and ambition.—"*The Leader.*"

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HAZARDS TO CHILDREN

Common Accidents and their Remedies

A mother of four small children found employment to help out with the family expenses. She locked the children in the house with admonitions to be good and went to her work. On her return she found the police and neighbours in her home. Her four children were dead from asphyxiation by gas. One of the children had opened the cocks on the gas stove. The warning is that you should never leave a small child alone.

Within a few months the Michigan newspapers gave accounts of six peculiar strangulation accidents. Two of these were caused by rope lariats used by small boys playing cowboy and three of the victims were chocked to death by toy balloons, the mouthpiece in each case being drawn into the child's windpipe. The sixth was strangled when her fur neckpiece caught on a sleigh while she was trying to catch a ride.

CUTS AND SCRATCHES.

Cuts are so common that parents need be careful about leaving sharp dangerous articles around the house where the children may find them. Sharp tools, razors, and carving knives should be kept out of the reach of little children.

Many injury resulting in partial or total blindness happen to children as a result of careless play with sharp sticks, pencils, scissors, bows and arrows, air guns, etc.

Upturned rakes and pitchforks are serious accident hazards. Anyone selecting gifts for children should avoid toys that have sharp points, sharp edges or other accident possibilities and instead choose safe and constructive playthings of which there are plenty to be found. If little children need scissors for cutting out pictures blunt pointed scissors should be provided.

Children are apt to play with almost any article they happen to find even if it is in the waste-basket rubbish heap or alley. Things that adults would not recognize as desirable playthings may present fascinating possibilities in small boys and girls. For this reason it is wise to dispose of all waste articles as soon as possible. Tin cans and broken glass are bad accident hazards and should be disposed of in such a way that the children will not find them and also so that the men who collect the rubbish may not be cut by any sharp edges or rusty nails. After food has been removed from a tin can, close the cover of the can before throwing it away. Small pieces of broken glass may be put in an empty tin can, stuffing some paper above the pieces to keep them from falling out, and then pushing the top of the can down over the contents.

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NAIL WOUNDS

Children have a natural instinct for constructing and if they can find any boards or boxes they delight in building something with them. This is one of the finest forms of play, provided there are no projecting nails in the boards. Parents should teach children to be on their guard against upturned nails and to remove any that they find or to pound them down. Lockjaw (tetanus) sometimes results from puncture wounds such as are caused by stepping on a nail. The wise thing to do therefore is to call a doctor to take care of such injuries.

Boys and girls should be encouraged to form the habit of taking care of wounds and should be told why it is wise to put iodine on even a slight cut. In schools that are visited daily by a school nurse the pupils come to her for treatment as a matter of course without the slightest hesitation.

Dangeroes practices that cause serious cuts may be summarized as follows :—

Walking or running with knife or scissors in hand.

Carrying things in the mouth while playing.

Handling articles with sharp edges.

Putting sharp knives in a drawer with other kitchen utensils.

Pushing against the glass part of a door.

Exposing the eyes by careless play with sharp pointed articles.—

"From Calendar of American Rolling Mill Company, Ohio.'

MASSAGE AS AN AID TO HEALTH

Need of Providing Facilities in Cities

(By Sir W. Arbuthnot Lane)

To the dwellers in our large cities the absence of a certain habitual amount of exercise is a matter of constant anxiety. The daily routine may entail only a short walk, a train or motor-car journey, none of which affords any such exercise to the abdominal muscles and organs as is essential to keeping them in health and the intestines in a state of activity.

Upon the abnormal delay of the products of digestion in the gastro-intestinal canal depend all those diseases with which we are so painfully familiar in civilisation, and none of which can develop in one whose digestive system works automatically and perfectly. As so many of our brain workers spend most of their office hours in a sedentary occupation, the disability, mental and physical, which results becomes more and more conspicuous as the years pass by.

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During this time the worker realises only too clearly that his physical activities are steadily deteriorating, while the interest taken in his work, and the diminution of his capacity to form important decisions are almost unconsciously becoming more and more pronounced.

To meet this he endeavours to take exercise on Sundays, and this he may supplement on Saturdays as well, but in the days of the week which intervene he is obliged, especially during the winter months, to fall back upon some systematic exercises taken indoors on one or two occasions during the day.

To such a man, massage, even for a short period, is of great value, since it supplements to a great extent the abscence of a more natural form of exercise in the open air. There are now so many men and women who are most expert at massage, and from long experience are able to secure for their clients a maximum of physical benefit in quite a short while that the time requisite for it can be readily stolen from the rest of the day.

The advantage which such massage can afford to the busy worker is almost incalculable, and well repays the small financial outlay involved. While efficient massage keeps the digestive system functioning normally, and the muscles in a state of activity, it also prevents that accumulation of fat in the abdominal wall and in the intestines which is so disfiguring and, particularly about the heart, so dangerous to life, also handicapping activity. Such massage renders life more bright and enjoyable in consequence.

To the boy who has left his school or university the abrupt transition from a very active physical life to one of almost complete physical lethargy is a serious factor, and in our civilisation, crowded as it is by business and social engagements, his opportunities for exercise are very limited and too often quite inaccessible.

It is obvious that it would be a great advantage to the members of every social club if they were furnished with means of obtaining massage treatment to which access could be had at all times of the day.—"*The Daily Mail.*"

FOOD THAT AIDS IN CONVALESCENCE

After sickness during convalescence the right food is probably more important than any drug. Where the illness has been severe so as to necessitate the services of a physician, he will nearly always direct what kinds of food ought to be eaten by the patient and his orders should be followed implicitly.

But after ordinary illness, when the body is weakened and when appetite is not vigorously normal, it is well to serve the patient food which tempts the taste, yet food that is easily digested and assimilated,

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One such food, which has the additional advantage that it is easy to prepare, is rolled white oats.

This natural food has virtually every element which is needed to nourish and build up the body. It contains a substantial proportion of protein, and even larger amount of carbohydrates. In addition, it is rich in minerals and vitamines.

There is certain amount of bulk or roughage in oats, too, which is highly desirable for the convalescent. This helps the intestines to perform their proper work. Oats, furthermore, are not heating to the body.

Doctors the world over prescribe this cereal for convalescence from almost all kinds of illness.

Medical News

—:o:—

THE EXAMINATION OF AYURVEDIC IRON BHASMAS

P. S. Varma, M. Sc., A. I. I. Sc., Professor of Chemistry, Benares Hindu University Ayurvedic College observes :—

The bhasmas of iron are used extensively in Ayurveda and are said to be efficacious in asthma, intestinal worms, general debility, wasting diseases, colic pain, nervous disorders, jaundice and other blood diseases. There is a description of three kinds of iron in Ayurveda, viz, *mund loh* (native iron), *tikahan loh* (steel iron) and *kanti loh* (magnetic iron), out of which the latter two only are used for preparing Ayurvedic iron bhasmas.

The method of preparing the bhasmas consists in making the iron into the form of sheets, dipping these red-hot for seven times into the decoction of triphala mixed with cow's urine. Iron thus purified is kept in the decoction of triphala for seven days in sun-light, then taken out, washed with cold water, put again into the decoction of triphala and boiled for one day. The iron is then washed with cold water, ground very finely along with a number of drugs in an iron mortar and made into a rupee-shape, dried in the sun and then put into a clay crucible and fried for 24 hours in a fire made of cow-dung cakes and kept till it cools down. It is then taken out, ground with the juice of some more drugs and the same process repeated 10 to 100 times. The colour of such a preparation should become that of the cover of a tamarind seed with a peculiar shining lustre. Such a preparation is ready for use.

Under the auspices of the Ayurvedic College of the Benares Hindu University, the above bhasma was prepared under the guidance of Kaviraj Pratap Sinha Rasayanacharya, the Superintendent of the Ayurvedic Pharmacy and has been examined chemically in the Chemistry

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Department of the Benares Hindu University. The prepration seems to be the oxide of iron but has been found to possess the special magnetic property. This magnetic property has been tested by such an eminent chemist as Dr. S. S. Bhatnagar, D. Sc. (London), the Director of Chemical Laboratories, Punjab University, Lahore. It is really curious to find that the iron-oxide prepared by the method given above should possess this magnetic property specially when it has been subjected to so many treatments in the fire. This property is evidently due to the special treatment to which the iron is subjected. It would be in the interest of Ayurveda as well as humanity if the eminent Ayurvedic physicians of the country get their iron bhasmas examined to see if all such preparations possess this unique property of magnetism. If it is found to be so, the efficiency of this drug is evidently due to the special treatments to which it is subjected and this property could not therefore be acquired by drugs prepared by the ordinary chemical methods in the chemical laboratory.

It will also be very interesting if this preparation be examined physiologically and pathologically more carefully so that the efficiency of this medicine may be put on a scientific basis and it may be recognised world-wide by all.

Reports of Societies, etc.

REPORT OF
DIST. COUNCIL AYURVEDIC DISPENSARY, AKALTARA.
Dist. Bilaspur, C. P.

The Honourable Mr. E. R. Rao, the Educational Minister of C. P., performed the opening ceremony of this Dispensary on the 2nd Feb. 1928 in the presence of a large and distinguished gathering. Prominent among those were Mr. Rames Den, Dist. Magistrate, and the Civil Surgeon. The public and a large number of citizens of Bilaspur were also present. Thakur Chedilal, Bar-at-law, M. L. C., Chairman, Dist. Council Bilaspur, briefly sketched the gradual decay of Ayurvedic treatment and emphasised its existence in the present day not only as supplementary to allopathic or as an anachronism requiring every nerve of the Dist. Council to run it at any hazard, but beautifully brought out the success achieved by a similar sister institution at Drug.

It has been constructed at a cost of Rs. 10,000. It forms an imposing and magnificent sight and is one of the finest buildings in Akaltara.

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It lies on Siwarinarayan Road at a short distance from Akaltara Railway Station. The Dispensary building is a pucca one, well built and well equipped with required furniture. The different departments are well nigh separate.

Here both the surgical and medical cases are treated, but for the former cases allopathic medical aid is taken. There is no arrangement for indoor patients.

It creates a very peculiar position for the medical officer as patients requiring regular and serious attention cannot be admitted. A heart finds itself pinched and squeezed among narrow circumstance.

Here is a small garden in the compound where medicinal herbs necessary for *Anupans* are planted. Its extention is possible, but the hard soil and scarcity of water are difficult problems to tackle with.

There is a pucca well in the compound. A sum of Rs. 200 vested in the well would surely be able to meet the scarcity of water, a necessity felt very acutely in summer.

The Medical Officer's quarter is a contrast to the main building which requires urgent extension.

The other building serves as a Pharmacy. Most of the medicines distributed to patients are the preparations of this pharmacy.

The medical officer and the compounder cannot get spare time for pharmaceutical works due to the rush of patients. So some of the medicines which require long time for preparation are called from other pharmacy.

The Dispensary is maintained by the District Board. The sum allotted for 1928—29 for medicine is Rs. 700.

This sum as compared to the number of patients and the nature of cases treated is inadequate. The public of Akaltara subscribes but nominal sum which even they fail to pay regularly.

Raja-Sahib of Chandrapur had donated a sum of Rs. 500, for an operation table.

The Board is requested to supply Ayurvedic paper and some authoritative books on Ayurveda for reference to Dispensary Library.

As the compounder has to do both the surgical and medical duties including medicine preparation, office works, he has to devote his whole time in the Hospital work, so the Board is requested for the increment of his pay.

Total number of patients treated from February 1928 to March 1929 is 22028.

Old patients.	New patients	Daily average.
11494	8334	52·4

Expenditure per head 6 pies.

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Statement showing the operations performed at Akaltara Dispensary in 1928–29.

Class and nature of operations.	No. of operations
Bubo and Abscess	77
Removal of foreign bodies from nose and ear	5
Tooth extraction	29
Dislocation and fracture ...	7
Snake bite	1
Dog bite...	3
Rat bite	1
Pig bite	1
Retention of urine	2
Stitching of torn ear and nose ...	3
	Total ... 129

Statement showing serious and interesting medical cases treated in Akaltara Hospital from February 1928 to March 1929.

Name of Disease.	Cured.	Died.	Left treatment.	Total No.
Pneumonia & Broncho P ...	8	1	2	11
Peurpural fever ...	3	1	1	5
Typhoid fever	1	0	0	1
Choleric Diarrhœa ...	10	1	0	11
Paralysis of lower extremities	3	—	15	18
General Paralysis ...	1	0	4	5
Dropsy ...	10	1	4	15
Ascites	0	0	2	2
Pernicious anæmia ...	6	1	1	8
Worms	29	1	1	31
Scorpion-bite	24	0	2	26
Cholera	0	1	0	1
				131

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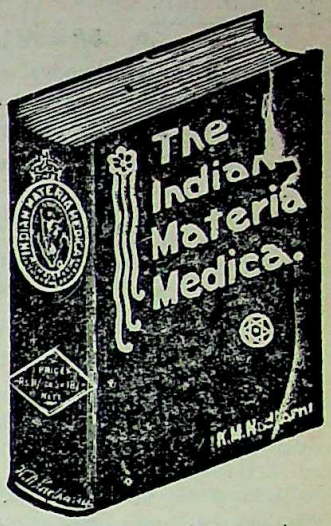

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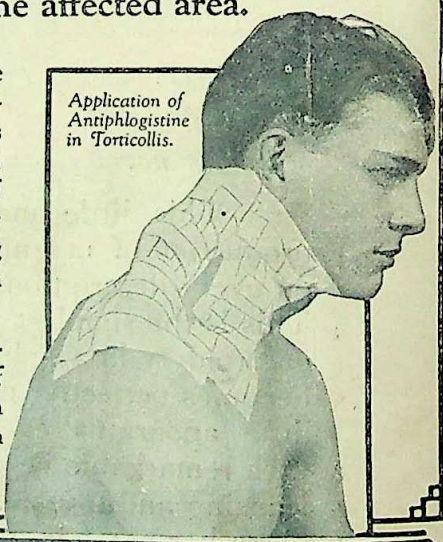

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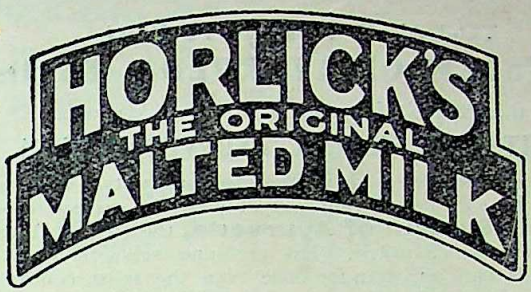

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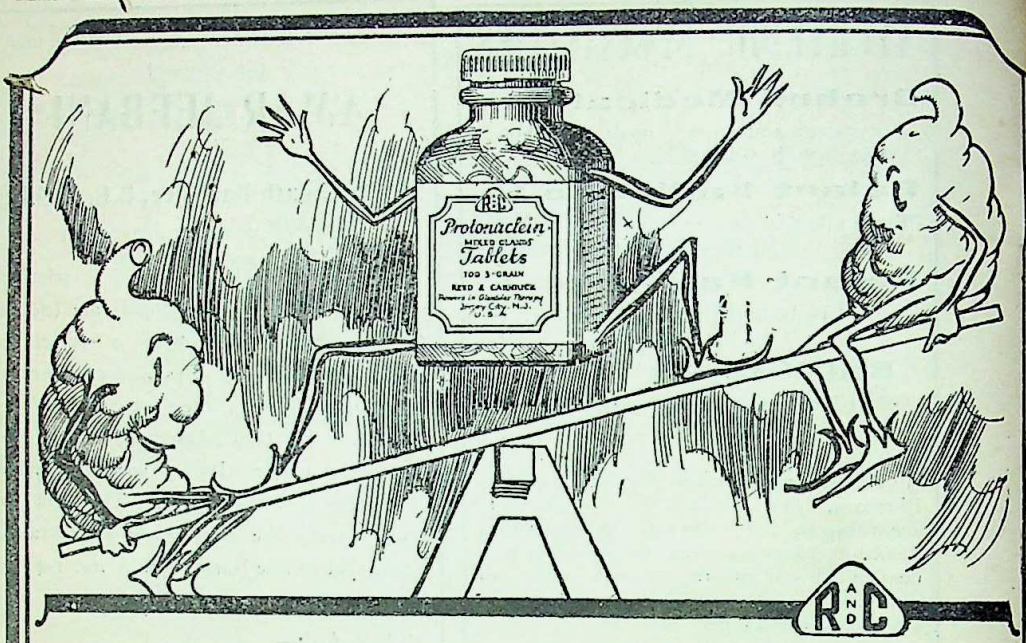

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THE JOURNAL OF AYURVEDA

Vol. VI.] February, 1930. [No. 8.

Presidential Speech

OF

Dr. B. C. Roy, M.D., F.R.C.S. (Eng)., M.R.C.P. (London),

AT THE

All-India Medical Conference,

LAHORE.

Friends and Comrades,

I thank you most cordially for having given me this opportunity of talking to you about the future of the medical profession in India. I regret, on account of pre-occupations and the shortness of time, my address is apt to be discursive. You will perhaps find that I have left out many things I should have mentioned and I ask your indulgence and help in filling up the lacunæ.

The All-India Medical Association, as you are aware, was established for the purpose, amongst others, of organising the members of the medical profession in order "to secure the promotion and advancement of allied sciences, maintain the honour, dignity and the interests of the medical profession and secure the co-operation between the members thereof." In pursuance of this object we have met this evening to consider the various problems affecting the profession as well as the various laws already enacted or legislative measures about to be adopted, which might seriously affect the medical profession, medical education or the health of the peopole of this country. Its membership is open to persons having registrable qualification in India or "persons who have such medical qualifications as may be from time to time

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recognised by the Association suitable for such membership." We want to bring together and organise the whole profession, not merely those who profess and practise a particular system of medicine. Our purpose is to secure co-operation amongst all persons whom this Association may consider suitable for membership. Should we restrict the membership to such persons only as follow the western system of medicine or open the door to all those who have, in different parts of the country, practised any other system with repute and success? If we take medicine merely as a science it may be argued that only those who are trained on scientific methods prevalent in the west should be eligible to be members. But to my mind it is taking a very narrow view of the whole matter. On the other hand, if we define science as a systematised branch of human knowledge we cannot ignore other systems. I have no doubt whatsoever that there was a time when the ancient practitioners in medicine—those who elaborated the Ayurvedic System centuries ago—possessed accurate knowledge of the nervous system, of the vascular system, of the changes in pulse in different diseases and their knowledge of pathology, such as we understand it, was of high order. Speaking in the Imperial Legislative Council 1916, Sir Pardey Lukis, the then Director-General said:—"I resent strongly the spirit of trade unionism which leads many modern doctors to stigmatise all Vaids and Hakims as quacks and charlatans. We Allopaths are just emerging from the slough of empiricism. The longer I live in India, the more intimate my connection with Indians, the greater will be my appreciation of the wisdom of the Ancients and the more will I understand that the West has still much to learn from the East." Other eminent observers also have spoken in a similar strain. Therefore it is not for us to cut off from the past system but it is necessary to resuscitate them, to develop them. If we desire to do so, we cannot afford to keep out the Vaid and

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the Hakim. We cannot ignore them. It is true that the knowledge in those systems has been handed over from father to son in the form of Sutras, which were committed to memory. The result was that the bulk of information was compressed into a small compass. In the process of transmission the links are gone, the original is mutilated, accretions have gathered, evidence or data on which the conclusions were founded are missing. What we are left with now are dogmatism and perhaps empiricism. On the other hand, if we regard medicine as an art of healing, who is there so bold as to say that the art is the exclusive achievement of one system. Considered thus, the claims of those not practising the Western system to be included in the group of medical practitioners becomes almost irresistible. I would therefor desire to see included in this Association members who honestly believe in his own system and practises it with a sincerity of purpose.

When we organise or attempt to organise any group of people we do so both for the purpose of attacking and defending. Problems connected with the health of the citizens of this country, with the means of preventing diseases and spread of epidemics, with the method of generating a sanitary consciousness amongst the masses of this country are items which are to be attacked with determination, courage, resourcefulness, hope and faith. On the other hand every one of us realise that we the medical practitioners in India are the victims of circumstances and designs which are inimical to the growth of the profession and we have to defended ourselves against them. In the domains of medical education, medical research, medical relief or prevention of diseases, determined and systematic efforts have been made in the past to keep us in a perpetual state of inaction and stagnation. We are told that our education is defective, have no original research to our credit, that our ability to provide relief in diseases is of an inferior order, that we cannot administer institutions

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established for the purposes of affording such relief, that we cannot initiate and successfully carry out schemes for the prevention of diseases. Assuming for the purposes of argument that this is so, it may pertinently be asked who are responsible for such a state? So far as the members who practise the western system are concerned, it is clear that the present unsatisfactory condition could only be due to one of two causes. Either the soil was so bad that no crop could grow in it or the tiller was so careless or ignorant that he did not care or he did not know how to achieve success in his work. Who are responsible for the training of our youths in medicine?

As far back as 1912 and 1913 the members of the Indian Medical Service gave evidence before the Public Services Commission that "the standard of medical education in India is low and that the Indian practitioner is unpractical, that the British schools are far more efficient than Indian colleges" and yet in the year 1913 out of 24 appointments in the Indian Medical Service 8 Indians got in by competition and in 1914 out of 35 such posts, 14 were secured by Indians.

We have been blamed because there is no record of research to the credit of the Indian medical practitioner. What is the real root cause? Are Indians incapable of research? Sir J. C. Bose, Sir P. C. Roy, Sir C. V. Raman. Dr. Meghnad Saha, Mr. Ramavajan have won world-wide reputation in research without any guidance or tuition from Westerners. Why cannot the Indian medical practitioner equally succeed? In the case of medical research it is necessary not only to be provided with laboratories but hospital facilities also have to be secured. Till within recent years all the larger hospitals in the country were manned by members belonging to the Indian Medical Service. All the research appointments were and still are being held by the service officers. The process of exclusion has been carefully, may I say shamelessly, planned and manipulated that even no Indian

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of established repute has any chance of getting into the group. As regards the management of large hospitals and institutions, the question of the inefficiency of Indians does not arise, because no opportunity was given to Indians to manage any of the hospitals. The indisputable fact remains that inspite of such obstructive methods and in spite of the handicap due to paucity of funds, two large institutions, one in Calcutta and another in Bombay have developed and managed entirely under Indian supervision. It is a decisive argument against the charge of inefficiency attributed to Indians. Studied carelessness on the part of I M. S. officers in discharging the responsible duties cast upon them, namely, that of developing an Indian Medical Profession, the pre-arranged method of keeping the Indians out of every opening where they could develop themselves, have been responsible for the present state of affairs. Knowledge gives vision to the blind. But perverse attempts have been made to perpetuate the infirmity.

Whatever may have happened in the past, we have now reached a stage when we, as members of the medical profession in India, desire to fulfil our mission, to develop ourselves and to realise the hope with which we have adopted the career of a physician. We are prepared to profit by the knowledge from the West, but not under conditions in which it engenders hatred for what is Eastern. I am happy to say our goal is getting clearer, that our vision is getting less obscured, that our self-confidence is being restored and the whole of medical profession in India is being linked together by a common bond of faith and hope.

Most of us have been trained in the Allopathic system. Let us frankly admit that our teachers have not given us that broad outlook, that deep insight into the medical lore which every teacher ought to inculcate in his pupil. Why do I say that? There is a simple test. No professor belonging to the Medical Services has ever to my

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knowledge, trained an Indian student in such a way that he may prove capable in time, of occupying the chair of his teacher. It has all along been a process of safeguarding the interests of a trade union. In order to reserve the posts for the Services, it has happened, that the very same professor has taught subjects like hygiene, chemistry, physiology, surgery, ophthalmic surgery in different periods of his service in India. We cannot conceive of a more monstrous method of imparting medical education in any country. A complaint was made by some I. M. S. Officers before the Public Services Commission that in India specialisation in any medical subject was unknown. Who is responsible for this ? How can we expect anything else from those teachers who have developed only one form of speciality namely, the speciality of possessing an overweening self-confidence, the speciality of rejecting all claims of the Indian practitioners to fair treatment, the speciality in belittling everything Indian. The irony lies in the fact that while condemning the Indian practitioners the I. M. S. Officer forgets that he is condemning himself, that he is hoist with his own petard. We know we have been wronged in the past. We do not desire to depend on others. We therefore desire to utilise such powers as the Universities and the Councils of Medical Registration in different Provinces have given us, for the purpose of developing medical education in our own way. It is unfortunate that interested parties have clouded the issues by requisitioning the powerful aid of the General Medical Council and the British Medical Association in condemning our attempts at developing in our own way. The General Medical Council shamelessly rejects recognition of the Indian degrees particulary that of the Calcutta University while they dared not do the same with regard to the London and Cambridge Uuiversities when they failed, even so late as 1925, to give the requisite number of 20 labour cases to each student before appearing at the examination.

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Within recent times you must have noticed in the newspapers the attitude of the General Council towards the Indian Universities. It is desirable I should go into this question a little in detail in order to show what this attitude has been. Previous to the enquiry by the General Medical Council, the appointment of the Public Services Commission in 1913 and the Medical Services Committee in 1919 afforded opportunities to the Indian Medical Service Officers to condemn the Indian practitioners. Why did they do so? Did they forget that the I.M.S. had full control of the education of our youths for over half a century? The peculiar methods adopted by the General Medical Council in its enquiry regarding medical education given by the Indian Universities cannot but point to one conclusion, namely, that the President and the Executive Committee of the General Medical Council have been to a great extent influenced in their decision by "*exparte*" information obtained from interested sources and that they acted as partisans and not as judges. I will quote two examples in support of this contention of mine. The General Medical Council opined in 1921-22 that the training in midwifery in Indian Universities was not upto the mark. Similar enquiries have been made with regard to examinations held by the licensing bodies in England. Dr. Comyns Berkely in his address delivered in 1926 at the Centenary Congress of Combe lying-in hospital said that he had ascertained to what extent Council's latest recommendations had been complied with upto 1925. He found that a large number of schools had failed to comply with the recommendation of the General Medical Council. What recommendations the General Medical Council made to the Privy Council one cannot say but the fact remains that as a matter of "public policy" no steps were taken against them particularly against the Universities of London and Cambridge. It may pertinently be asked whether the General Medical Council recommended for

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the withdrawal of the authority for holding qualifying examination in the case of these Universities ? If not, why not ? Why this differential treatment meted out to Indian Universities ? Have the General Medical Council no control over the Universities in England ? Is it not a fact that under Part (1) of the Act of 1886, the General Medical Council is to "secure the maintenance of efficiency in the English Universities ?" Not only can the Council withdraw recognition of the degrees granted by the qualifying bodies but they can also represent to the Privy Council the desirability of withdrawal from such bodies of the right to hold qualifying examination. Why was it not done in these cases ? I will now quote the second example to show how biased the General Medical Council had been in its treatment towards Indian Universities. The Council has been from time to time representing to the Government of India and to the Universities that in order to fulfil statutory obligations they claim a right to send Inspectors for inspecting examinations of the Indian Universities. They had actually inspected many of the schools and colleges in India. Instead of working as a partner, with whom reciprocal relations had been established, they have been attempting to guide, control and direct medical education in India. They have examined the curriculum of studies, they have commented upon the staff and the provisions for instruction of the different institutions in India. When the Calcutta University applied for recognition of its degrees in the year 1890 under Act 1886 Part (2) Mr. Lyall of the Government of India sent back the application to the University asking "for details regarding the degree of knowledge and skill required by the statute for granting the various diplomas." The then Registrar of the Calcutta University Mr. Nash wrote on the 15th of October 1890 that "It appears to be unnecessary to enter into details regarding the regulations" and he referred to the pages in the printed regulations where [illegible] was given The information

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obtained from the University Regulations of 1890 justified recognition by the General Medical Council and the University was recognised on the basis of this application in 1893. After 30 years the General Medical Council wrote to the Calcutta University saying "that from the information at present in its possession, the Council is unable to recognise for the time being the medical diploma or diplomas of the Calcutta University." Did the Council communicate to the University the nature and source of such information which justified withdrawal of recognition? It is true that in the years 1920 and 1921 the Council wrote to the University asking for information regarding the training in midwifery. It is also true that the Indian Universities, in common with the bulk of the licensing bodies in England, had not enough clinical materials for the teaching of midwifery in accordance with the recommendations of the General Medical Council. But there was no information before the University to indicate that the standard of training in subjects other than midwifery had so deteriorated since 1893 as to justify an enquiry by the Council. When in 1924 Col. Needham wanted to inspect medical examinations, the University refused permission. Four years before this, the University had to refuse the request of the London University to supply answer papers and other details regarding Matriculation Examination and they could not do otherwise with regard to the medical examinations. What right had the General Medical Council to inspect the examination in order to continue recognition? Were not the reports and the syllabus published by the University enough? Did they ask for more in case of Japan and Italy and Australia, whose degrees were also recognised under the provision of the said Act? New Zealand passed an Act in 1924, which laid down that no one was allowed to practise in that country unless they passed a qualifying examination held in it. This was done as a measure of protection against foreign competition. The General

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Medical Council wrote a letter conveying a threat regarding cessation of reciprocity with that country but had to climb down subsequently. They wrote to the Chairman Medical Council to New Zealand as follows :—

"The General Medical Council have no *rights of inspection or visitation of examinations* held outside Great Britain and Ireland but in many cases for instance, in Australasia, the professors and other authorities concerned are well known in this country and their records are sufficient to guarantee that the work of standardisation they undertake will be well done. The Council examine the *regulations of the several bodies and taking into account the standing of the teachers and examiners recognise themselves which seem to imply a standard of knowledge which is not lower than that required in this country.*" In this letter the Registrar goes on to say that with regard to Italy and Japan also the Council recognise degrees given by the Universities in those countries after careful consideration of the regulations. What can account for a different attitude of the General Medical Council, regarding Indian Universities? The reason given is that "the staff of many Universities is *now largely composed of Indians of whom many have not studied out of India.*" A serious condemnation of the system which has existed in India under the control of the Indian Medical Service for the last sixty years. Within recent times a large number of our graduates have gone to Europe, America and England and obtained distinction and high degrees. Could it be said that the standard of attainment of the average medical practitioner in India today is lower than what it was in 1893? I do not pause to question the motives of those who want to belittle the value of the degrees conferred by the Indian Universities to-day. New Zealand had broken off, so have Quebec, Ontario, New Brunswick, etc. Where reciprocation ended, retaliation began. I find in this attitude of the Council "a blessing in disguise. It has shaken us up—wakened

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us. We were lying stunned, hypnotised. We are now conscious of our helplessness. I trust it will rouse us to action. The withdrawal of recognition and the difficulties of getting into the colleges in England have led a large number of students to go to Continental Europe. When they come back they are naturally enamoured of Continental instruments, machine, appliances and methods. India imports about 2 crores of Rupees worth of goods and stores. Who bring them? We. Who use them? We. Situated as we are we cannot retaliate as New Zealand has done. But is it difficult to organise ourselves, in the interest of the profession for the purpose of counteracting malicious attacks on our graduates? Can we not withdraw in a body our orders on British firms so long as the present attitude continues? It is for you to consider this and discuss the details. But mere retaliation wont develop us. We desire no interference from outsiders while we are setting our house in order. We do not want an Inspector sent by the General Medical Council. But we desire the fullest enquiry by ourselves into the methods of teaching in the different Universities. We desire the fullest co-ordination amongst them. We want to raise ourselves in our own estimation and the world is bound to respect us inspite of the detractors.

I now come to the subject of Research. Sir Norman Walker in his report to the General Medical Council said :—"India occupies a prominent position in the matter of research. But it is greatly to be desired that research should be active in many centres, notably the Universities. Where the professors are actively engaged in research, the students' interest in work is similarly stimulated. Young graduates have opportunities at their doors instead of having to seek admission to the three or four existing research departments. One hopes to see research extended in the scientific and medical laboratories at an early date." Major Bradfield was sent by the Govern-

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ment of Madras to the United States of America in 1921 to study medical instruction in that country. He submitted a report to the Government in which he says :— "excepting perhaps the Rockfeller Institute, research and education in America are very intimately connected. The organisation of research departments in India as a separate depatment is a great loss to the country."

These are the opinions expressed by prominent men. But what is it we find that the Government of India are anxious to do ? It is suggested that an Imperial Medical Research Organisation working in different parts of India should be founded at Dehra Dun. Why Dehra Dun ? It is said that "Chandbagh" is a property lying useless and this could be utilised. So is "Hastings House" in Calcutta. I daresay, there are hosts of others in other big towns. How does Dehra Dun satisfy the test that the Government officials themselves have laid down namely, that research and education should be organised together. It is suggested that the function of the Institute should be to serve as centre to collect and bring into proper relations with one another, the result of the medical research work throughout India. It is further suggested that the Institute should be the centre for basic research work. I fail to see how the Institution is to perform its function up in the Hills ? Why not have the Institute situated at Lake Manasarowar whence arise the two mighty rivers of India, the Indus and Brahmaputra ? The intellectual isolation will be complete and meditation will be uniterrupted. It is preposterous that a scheme should have been suggested of establishing a research Institute away from the biggest centres of medical education away from the colleges and the institutions where the materials necessary for research would be available. If it were merely a place which would serve a bureau of information the matter would have been quite different. But research in medical subjects cannot be efficient unless clinical materials are available. How will it be possible

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to find sufficient clinical materials in Dehra Dun ? I know that it is suggested that in this medical research department there should be 52 posts of which 32 would be reserved for the members of the Indian Medical Service and twenty would be open to non-I.M.S. as well as I.M.S. candidates. If, as has been suggested, times without number, that the standard of education and qualification of the candidates trained in England is higher than those possessed by Indian graduates, what is the cause of such nervousness ? Why is it found essential to reserve certain number of posts in this Institute ? Why must they not be all thrown open to the most efficient among the candidates, particularly, when the selection will lie with a body at present composed of service men ? Is it suggested that the entrance into a service, which is after all meant as reserve for military purposes, gives any indication of a capacity for research ? The Britisher complains that there is a communal jealousy existing in India. Why is there so much anxiety to preserve this communalistic feeling in the profession ? Why is this reservation of posts and emoluments ? To an average mind it would appear that such provisions can only indicate that the Britisher himself is conscious of his own inferiority and dare not face an open competition. What becomes of his pride and boast that in India his attitude is one of absolute fairness ! I hope that you will have no hesitation in condemning this backdoor-way of securing a few more lucrative posts for the members of the Indian Medical Service. A few words about the Services : It is unfortunate that in this country, men are not appointed to posts but that post are created for them. This system can be lucrative to a few but destructive where efficiency is concerned. It however causes far deeper mischief : The I M. S. men are in receipt of big salaries from the State. They have as subordinates also salaried men. Necessarily, the numbers employed in a Hospital have to be limited on account of economic considerations. The

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salaried subordinate is entirely under the thumb of his superior, not only with regard to routine work but also in matters which demand initiative. His mental vision is restricted. It is thus that the I.M.S. men have secured a cultural conquest on their subordinates. But with what result? It is true that these hospitals manage to dole medical relief just as the system prevalent in 1835. But is the staff sufficient to manage these hospitals on the latest approved system? Tons of clinical materials go waste in every hospital while the bulk of our graduates are not allowed to take advantage of them simply because the State cannot pay them and the controlling authorities won't have them. India is said to be the land for research. But an insurmountable Chinese Wall has been built round every available centre of research and yet comes the thundering indictment, "Thou hast been found wanting" There is however another aspect of the question. The people who come to the Hospitals have a right to demand the full measure of attention and treatment based on the result of the latest scientific researches. The people have a right to demand that the students who are taught in these public Schools and Colleges should have opportunities of gaining experience and skill by being allowed to work in the Hospitals. It is only necessary for you and me to get the people on our side and all will be well. I can assure you, gentlemen, the die is cast heavy in your favour. Awake, arise and march forward.

I have heard it said that the I. M. S. is a reserve for military service. I have seen the past and recent communiques of the Government of India and of England. I have noticed that one Secretary of State lays down a scheme only to be nullified or superseded by his successor. We all know that promises made have been shamelessly broken. Let us not bother about them. Let us be content that we have wrested the bulk of the civil practice from the I. M. S. I do not desire to enhance the

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communalistic spirit in the profession but while it is there, we should insist on the units, in the Indian Army, at least, being treated by Indian members of the service. If it be conceded for one moment that the European needs his own countrymen for his treatment, may not 50,000 people insist on getting their own countrymen to treat them, unless it is maintained, as a famous Private Secretary of a famous Governor once said to me in discussing this problem: "We can manage to govern very well without the 50,000 Indians but not without the one European."

I now pass on to the third item which I proposed to deal, namely, the fight against diseases, provision for medical relief and the prevention of diseases. It is a sad spectacle to see that while during the last 10 years the birth rate in India varied between 35 to 39 per thousand of population, the death rate varied between 26 to 32 per thousand. If we compare these figures with those of other countries in the world, we find that during the last ten years the death rate in England has been reduced from 16 per thousand to 11 per thousand, in Germany from 19 per thousand to 11 per thousand, in France from 20 per thousand to 17 per thousand, and in Italy from 22 to 16 per thousand. Going into the details we find that in England in 1901, the death rate from enteric fever was 11·3 per hundred thousand deaths, in 1926 it was 9 per hundred thousand; Tuberculosis came down from 174 per hundred thousand to 96 per hundred thousand, Diarrhœa and Enteritis from 92 per hundred thousand to 21 per hundred thousand. When we come to the preventable diseases in India we find that 230 persons per hundred thousand die of preventable diseases like Cholera, Small Pox, Plague and Dysentery. On the other hand the infant mortality-rate in India is as high as 250 per thousand births. In England, it is 78 per thousand births, in Germany it is 132 per thousand births and in France 103 per thousand births. A question therefore naturally arises, can nothing be done to prevent this enormous loss of man power in India, for it must be remembered that of every 100 persons who suffer from Cholera or Kala-Azar, although 2 per thousand may die,

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large numbers are maimed for life? It is for you to come to a decision regarding a method to be adopted for preventing diseases. It is not necessary for me to mention that the history of the Government during the past 100 years has been such that we need not look for help or inspiration from the authorities. If we mean to do anything we shall have to do it inspite of the Government. We must organise ourselves. Voluntary organisations have to be formed for social service, for giving aid during epidemics, for rousing sanitary consciousness amongst the masses.

I could deal with various other problems in which the Association may be interested. The problem of educating and supplying Indian nurses for our hospitals, the adoption of steps to prevent the indiscriminate use of drugs and intoxicants, the question whether medical education should be of two grades or one, whether it is desirable to train students for the purpose of creating a public health service, these and many other problems will be before you for solution, either during this session or during the ensuing year. But there is one question which has been asked often and which I desire to deal shortly before I conclude. It has been asked whether a member of the profession should interest himself in any matter outside the four corners of his professional life, whether this Association should take up matters which, in common parlance, are dubbed political. Gentlemen, I have very definite views on this question. In India, we have never regarded the various affairs of life as being in water-tight compartments: Politics, technically so called, is intermixed with economical, social, and medical problems. If politics means the science of organisation for the purpose of securing the greatest good of the largest number, I declare, we members of the profession dare not keep away from politics. If by a politician, we mean, in the words of Milton, a man of "Cunning," our profession is too noble, too altruistic to allow us to be so No, gentlemen, we have nothing to do with him. In the present state of your country, I entreat you to organise yourselves. In any steps you take, beware of pitfalls, act in an organised way, for let us not forget the famous words of Abraham Lincoln: "Brethren, let us hang together or else we may hang separately."

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

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PREFACE

The Nervous System had been studied by the ancient Hindus very minutely as to the course and relation of its various parts anatomically and as to its functions, physiologically and metaphysically, mainly in connection with the *Hindu Yoga System*, during the *Tantric period* of Indian history (1100-1300 A D.). The descriptions are often allegorical and not quite accurate, when compared with those of modern anatomy, and various metaphysical functions are ascribed of which we modern ers are quite unaware, for modern medicine has not studied its functions in details in the higher intellectual and mental spheres. But what strikes us with wonder is that the ancient Hindus at such an early period tried to study this most delicate and intricate system of the human body scientifically. By their successful practice of *Samadhi* or voluntary suspension of animation, of which we have authentic records, they have shown that the involuntary organic autonymic portion can be controlled at will, a fact undreamt of by us. Even modern medicine, with its animal experiments, its delicate staining methods, its post-mortem records could not fully study the functions of its various parts, for example the big silent area of the brain and that in the spinal cord. The anatomical knowledge derived from the dissection of the dead in which the finer nerves shrink and are often torn during the manipulation and finer anatomical connection may be undetected or overlooked. Thus the fibre of Reissner has only very recently been detected. Time will show whether the conclusions of the ancient Hindus are correct in every details or otherwise.

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INTRODUCTION.

The Nervous Systen of the ancient Hindus has been very briefly touched upon in earlier Ayurvedic books. The subject has however been dealt with more elaborately in books on "Hindu Yoga System," specially the later Tantrik books, for the Nervous System of the Hindus forms the physiological basis of their "Yoga System." Without a clear conception of the structures of the Nervous System, their localisation in the human body and their functions, both physiological and metaphysical, it is impossible, says "Hindu Yoga System" to study "Yoga" or practise it successfully. The subject is therefore interesting alike to students of medicine (Eastern and Western, ancient and modern) as well as to those of the "Hindu Yoga System." Some later minor *Upanishads* also discuss some aspects of the subject.

Thus Dr. Brojendra Nath Seal, while discussing the various Nerves as described in "Tantrik books" remarked that "the enumerations of the spinal Nerves with the connected sympathetic System is a distinct improvement on the old Ayurvedists." (Prof. B. N. Seal, Positive Science of the Hindus.)

Discussing the location of the soul, Justice Ranade remarked that the Upanishads located the soul generally in the heart as Aristotle had done. But it is interesting to note that in the "Taittriya upanishads", there occurs the famous physiological description of "a nipple-like structure which hangs downward from the brain (the Pineal gland, the seat of soul of Descartes) and is regarded as the seat of the immortal being." Justice Rande therefore remarked that "later on with the development of the "Yogic or Tantrik literature," the central Nervous System came to be recognised and consciousness came to be referred to the brain and not the heart." (Ranade's Upanishads.)

While intellectual people regard the brain as the seat of the soul, emotional people (of the" Bhakti cult") regard the heart as the centre of the soul. The Hindu idea appears to be that the soul is located everywhere, in every living cell of which the organism is composed (in the tiny Nerve supplying the individual cell), the "cosmic soul" being encased by "Maya" in certain structures of the Brain, which is differentiated from the "micro-cosmic soul" in the organism. The object of Yoga is to make the mind one pointed towards God, so that the individual soul, vibrate in unison as it were, with the cosmic soul (the "Laya," or dissolution of Hindu religion).

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There are many modern books on "Hindu Yoga System" but very few of them discussed the subject of the Nervous System from purely physiological basis. To co-relate the metaphysical with the physiological aspect in modern European language is very difficult and almost impossible, for the subject of the "Hindu Yoga System" is unknown to modern west. It is however admitted that "physiological and psycho-metaphysical phenomena run on parallel lines "by both students of medicine and students of modern philosophy.

Just as the "Tridosha Theory of Ayurveda" had been conjointly discussed in Ayurvedic books from different aspects, metaphysical, hormonal and humoral, so the various aspects of "Yoga," metaphysical, physiological and religious, had been conjointly discussed in those books of "Yoga" making the subject very confusing.

Sir John Woodroffe (Serpent power) has very clearly discussed the subject of "Yoga" from Psycho-metaphysical and religious aspects. He has also tried to co-relate the anatomy and physiology of the Nervous System as discussed in those ancient books with modern anatomy and physiology (of the West), but he admits that it is difficult to do so.

The writer has tried in this article to co-relate the physiology and anatomy of the Nervous System of the present day with those of the ancient Hindus.

The Nervous System had been discussed in "Yoga" books like "Shata Chakra Nirupanam," "Yogi Jagnabalkyam," "Paduka Panchakam" and others. Amongst modern books in English discussing the subject we may mention—

Prof. B. N. Seal's "Positive Science of the Hindus," Sir John Woodroffe's "Serpent Power," The Revd. Mr. Leadbeater's Chakras," and Dr. Rele's Mysterious Kundalini."

The Nervous System of the Hindus consists of :—

(*a*) The Nerves, cerebro-spinal and sympathetic, including the Nerves of special sense.

(*b*) The Chakras which may be subdivided into :—

(*i*) Subtle centres associated with the cerebro-spinal axis.

(*ii*) Gross centres outside the vertebral column which are associated with the sympathetic as well as the spinal Nerves.

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The *Chakras* are Nerve-plexuses associated with ganglias as the sympathetic plexuses, without ganglias as the spinal plexuses. The *Central Nervous System* (brain and the spinal cord) is composed of a series of ganglias with fibres of Nerves, both centrifugal dnd centripetal.

The Nerves.

Fourteen nerves are specially mentioned in the Hindu "Yoga" books as the most important of the lot. These consist of Cranial Nerves, Spinal Nerves, Sympathetic Nerves and the Spinal Cord, of which again the two sympathetics and the spinal cord are considered the most important from "Yogic" point of view, the Sushamna or the spinal cord being considered the most important.

The fourteen nerves mentioned above are :—

(*a*) Cranial Nerves—seven only, as follows :
Jasasvini and Hastijihva
Pusa and Gandhari
Payasvini and Sankhini, Saraswati.

(*b*) Spinal Nerves—four groups, as follows :
Varuna
Visvodhara
Kuhu
Alambusa.

(*c*) Sympathetic Nerve chains :
Ida and Pingala

(*d*) Sushamna

This list does not include the Nerves of special sense which are as follows :—

Rupabaha Nadi—Special Nerve of Sight
Gandhabaha Nadi— „ „ „ Smell
Sabdabaha Nadi— „ „ „ Hearing
Rasabaha Nadi— „ „ „ Taste
Sparsabaha Nadi— „ „ „ Touch
as well as Monobaha Nadis— „ „ „ General sensation
Agnabaha Nadis— „ „ „ Motion and organic action.

(*a*) *The Cranial Nerves.*

GRGUP (1) Jasasvini and Hastijihva
Pusa and Gandhari

The above 4 Nerves distribute branches to the eye. They are probably the 3rd, 4th, ophthalmic division of the 5th and the

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6th Cranial Nerves, each of which, says modern anatomy, receives a branch from the superior cervical ganglia of the sympathetic. They should not be confounded with Rupabaha Nadi or the special Sensory Nerve of Sight (Optic Nerve).

Nerve-supply of the Eye (Modern)

These are broadly divided into three following groups :—

(*a*) Motor Nerves.

(1) 3rd Cranial Nerve dilates pupil, supplies most of the muscles of eye ball except the superior oblique and the external Rectres muscles.

(2) 4th Cranial Nerve supplies the superior oblique muscle, which enables the eye to rotate downwards and outwards.

(3) 6th Cranial Nerve supplies the external rectus muscle, paralysis of which produces squint.

(*b*) Sensory Nerves.

(i) Optic or 2nd Cranial Nerve, the special Nerve of eye-sight.

(ii) First or Ophthalmic division of the 5th Cranial Nerve.

(*c*) Sympathetic Nerves—Branches from the superior cervical ganglia of the sympathetic, which contract the pupil. Four branches are given from this gangliated plexus to the 3rd, 4th, ophthalmic division of the 5th and the 6th Cranial Nerves.

GROUP (2). *Payasvini and Sankhini.*

The above two nerves distribute branches to the ear and are probably auricular branches from the 5th and 7th Cranial Nerves. They should not be confounded with the Auditory or 8th Cranial Nerve, the "Sabdabaha Nadis"—the special sensory Nerve of the ear.

Nerve supply of the ear (modern)

GROUP I.—Sensory and Sympathetic.

(*a*) The Auditory or the 8th Cranial Nerve, the special sensory nerve of the Ear, which is concerned in hearing.

(*b*) The Tympanic plexus formed by :—

(i) Jacobson's nerve—the tympanic branch of the 9th Cranial nerve.

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(ii) The small deep petrosal from the caroted plexus of the sympathetic, the latter is one of the branches of the superior cervical ganglia inside the cranium.

(iii) The long petrosal Nerve from the great superficial petrosal, which arises from the 7th Cranial nerve.

(iv) The small superficial petrosal from the optic ganglia inside the brain.

GROUP II—Motor

(*a*) Tensor Tymphani Nerve—from a branch of the 5th cranial to the tympanum.

(*b*) Nerve to the stapedino muscle of the Ear, from a branch of the 7th Cranial.

(*c*) Branches from the auriculo-temporal Nerve—These supply the upper part of the Ear and derived from the superior maxillary or 2nd division of the 5th Cranial Nerve. These divide into :—

(1) Anterior Auricular.

(2) Nerve to the auditory meatus.

(*d*) Posterior auricular Nerve—from the internal branch of the posterior division of the 2nd Cervical Nerve which, after ascending the head, gives this branch to the back part of the ear.

GROUP III—*Saraswati.*

This nerve gives branches to the tongue and is probably the vague or the 10th cranial Nerve, which, besides giving branch to the tongue, gives branches to the structures and organs of throat, chest and abdomen.

This nerve should not be confounded with the "Rasabahini Nadi" or the special sensory nerves of taste, which correspond to the 9th Cranial and the Lingual branch of the 5th Cranial Nerve.

Nerve supply to the tongue (modern).

GROUP I—*Sensory.*

(*a*) The 9th cranial nerve or the Glossopharyngeal nerve, is the special sensory nerve of taste.

(*b*) The Lingual branch of the 8th Cranial nerve is the common g...

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GROUP II. *Sympathetic*—

These fibres pass to the tongue from the Nerve Mollis on the Longual artery.

GROUP III. Motor.

(*a*) The 12th Cranial Nerve—the motor nerve of tongue.

(*b*) The Chorda Tympani from the Vagus or 10th Cranial nerve, which connects the tongue with the ear.

(*c*) The superior Laryngeal from the Vagus. This supplies a branch to the Epiglottis at the root of the tongue. It receives a branch from the superior cervical ganglia of the sympathetic.

It is a sensory Nerve of the Larynx connected with the tongue in speaking.

Why Saraswati is considered the Vagus

The "Yoga Kundali Upanishad" states that the "Saraswati" should be "stimulated to take Kundalini from its place in the "Muladhar Chakra" by "Kumbhak Pranayam". Dr. Rele (Mysterious Kindalini) therefore associates the passage of Kundalini through the Vagus.

Dr. Rele's statement is not quite correct, for "Yoga" books clearly state that "Kundalini" rises through the "Chitra Nadi" (fibre of Reissner), a very delicate Nerve thread situated in the central canal of the spinal cord.

According to Hindu "Yoga" system, by "Kumbhak pranayam" the afferent fibres of the "Saraswati" (vagus) are stimulated (resulting in stimulation of the "vagal centre" in the medulla oblongata) with stoppage of heart's action.

Detailed anatomy and physiology of the vagus (modern)

The Vagus contains both sensory and motor fibres. It has a more extensive distribution than any cranial nerve. It supplies the organs of voice and respiration with both motor and sensory fibres, to the pharynx, osophagus, heart and stomach with motor fibres.

Stimulation of this Nerve at its centre in the medulla oblongata causes inhibition of organs like the heart, the lungs and larynx (voice box) and acceleration of movement of the stomach.

The "vagal centre" may by excited by stimulation of its afferent fibres from the Nasal mucous membrane (this is the object of "Nyas" during worship or "Pujah" of the Hindus),

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Larynx (this is the object of "Jap" or prayer during "Pujah" or worship of the Hindus) and the lungs (this is the object of "Pranayam" specially "Kumbhak Pranayam" or a special form of respiratory exercise of the Hindus.)

The immediate object of "Yoga" is to stop organic action, the climax of which is obtained in "Samadhi" (complete suspension of animation) so that all lesser forces arising from inside (organs) or from outside (our environments) are eliminated and the mind becomes one pointed (*achanchal*) towards God. This is called the "Union of Prakriti and Purusha", when the "individual soul" vibrates in unison with the "Cosmic soul" (merges in it.)

Dr. Brojendra Nath Seal considers these nerves as all derived from the cervical plexus of spinal nerves (in the neck) receiving branches from the sympathetic.

(*b*) *Nerves of Special Sense.*

These are :

(1) Gandhabaha Nadis—special nerves of smell, olfactory or 1st cranial nerve.

(2) Rupabaha Nadis—special nerves of sight, optic or 2nd cranial nerve.

(3) Sabdabaha Nadis—special nerves of hearing, auditory or 8th cranial nerve.

(4) Rasabaha Nadis—special nerves of taste, Glossopharyngegal or 9th cranial.

(5) Sparsabaha Nadis—special nerves of touch, the Tactile nerves.

(*To be continued*).

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THE IMPORTANCE OF BATHING IN AYURVEDA

BY

VAIDYA D. S. DEHADRAI,

Wardha (C. P.)

Ayurveda is such a science that it is ever inter-mingled with the holy sciences. It is not only a science of drugs but is far more useful in giving the rules for our daily behaviour. I am pretty sure that this holy science of Ayurveda was not practised on dead and lifeless bodies as in modern times, but our old and holy sages meditated and meditated for years together and came to their final conclusion after a great penance on the living soul and then only they gave us a very useful mode of behaviour. This is the only science which can cure the outward diseases and give rise to holy and pious thoughts inwardly, as it says—'**पूर्वजन्मकृतं पापं व्याधिरुपेण बाध्यते**' Now let us see how far it helps us in giving nice rules for our daily bath :—**स्नानादि विधि :—**

दीपनं हृष्यमायुष्यं स्नानमोजोबलप्रदम् ।
कंडुमल श्रमस्वेदतंद्रातट्दाहपापनुत् ॥
रक्तप्रसादनं चापि सर्वेंद्रिय विशोधनम् ।
बाह्येय शैकैः शीताधैरुज्जांलर्यतिपीहितः ।
नरस्य स्नातमात्रस्य दीप्यते तेन पावकः ॥
प्रातःस्नानमलज्ञ पापहरणं दुःखप्रविध्वंसनम् ।
शाचस्थायतनं मलापहरणं संवर्धनं तेजसाम् ॥
रूपधीतरं शरीरसुखदं कामाग्निसंदीपनम् ।
स्त्रीणां मन्मथ गाहनं श्रमहरं स्नाने दशैतेगुणाः ॥
शीतेनपयसा स्नानं रक्तपित्तप्रशांतिकृत् ।
सतेवोष्णेन तोयेन बल्यं वातकफापहम् ॥
उष्णांयुनाऽधःकायस्य परिषेको बलवहः ।
तेनैव चोत्तमांगस्य बलहृत् केशचक्षुषाम् ॥
शिरःस्नानम् चक्षुष्यमत्युष्णेनांबुना सदा ।
वातश्लेष्मप्रकोपेतु ज्ञात्वा व्याधि बलाबलम् ॥
काममुष्ण शिरःस्नानं भैषज्यार्थे समाचरेत् ।
अतिशीतांतु शीते च श्लेष्मारुतकोपनम् ॥
अत्युष्णमुष्णकाले च पित्तशोणितवर्धनम् ।
यः सदाऽमलकैः स्नानं करोति स विमत्सरम् ॥

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वलीपलितनिर्मुक्तो जीवेद्वर्षशतं नरः ।
अशीतिलोभसा स्नानं पयः पानं युवः स्त्रियः ।
एतद्धि मानवः पेय्यं रिनग्धमल्पं च भोजनम् ॥
स्नानं ज्वरातिसारे च नेत्रकर्णानिलार्तिषु ।
आध्मानपीनसाजीर्णभुक्तवत्सु च गर्हितम् ॥
स्नानस्यानंतरं सम्यग् वस्त्रेण तनुमार्जनम् ।
कांतिप्रद शरीरस्य कंडूदुर्गंधनाशनम् ॥

To take bath is for washing the bodily dirt ; the skin which is outwardly seen as a plain thing consists of thousands of pores and perspiration is coming out from them. Through this perspiration the bodily dirt is thrown out ; and to wash this dirt, bathing is quite necessary. Those who do not take bath take the responsibility of saturating the dirt on their body, thus getting skin diseases like scabies, ringworm, eczema, etc. The nerves and arteries are refreshed by bathing and thus free circulation is being carried on, bringing happiness and new energy in the system. As the blood circulation is vigorous, naturally it helps good digestion. To take bath just in the morning is considered holy and righteous, because we get free circulation and energy after the night's rest. Suppose a man takes bath after he has walked 5 or 10 miles, in that we will see that his blood supply, instead of his whole body, which was more at the feet, will be set right.

Now let us see as to who should take warm and who cold bath. Those who have heat more in the system and are suffering from skin diseases should ever take the cold bath and every body should take cold water to wash the portion above the neck as it keeps cool the eyes and brain.

Those who do not tolerate cold water should take the warm bath and in winter season, especially, every body should take warm bath ; but in hot season, cold bath is quite necessary.

Now those who are suffering from fever, Diarrhœa, eye disease and ear disease, flatulence, colds and indigestion should never take bath ; also none should take bath after they have taken their meals.

For Hindus there is no use of enumerating the importance of bath as they do it as their duty according to the instructions of their religious sciences ; but for other than those (Hindus) I would like to advise bath at least once a day to keep their body clean and allow free perspiration.

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OBITUARY

—:o:—

LATE BOTANIST JAYAKRISHNABHAI

By the death of Mr. Jayakrishna Indraji Thakar, the veteran Botanist of Kathiawar and Gujrat. India lost one of her patriots, least recognized and least appreciated and the Ayurvedic Practitioners of Kathiawar and Gujrat an always ready genius, nay an authority on botanical problems confronting them in the identification of oft-disputed vegetable drugs. The sad event took place on the 3rd December, 1929 in Cutch, the country which is proud of his birth. He died at a comparatively advanced age of four scores and three. The death of one of his dear daughters told heavily upon the aged Botanist and the sorrow thereof drew near his end.

A Girinara Brahmin by caste, he was born and bred up in straitened circumstances. He could hardly get what we call liberal education in its usual sense and had to begin with the world rather in awkward environments. What was said of Thomas Love Peacock, the English novelist, is equally applicable to him. "In his desultory youth he acquired a learning for which he was indebted neither to public school nor to university, but the proof of which is written in many a page of his works." The honour of first initiating him into the study of Botany and indigenous plants goes to Pt. Bhagwanlal Indraji, Ph. D., the ever lamented antiquarian scholar of international renown. Later on he was introduced to the late Dr. Sakharam Arjuna, the then famous Botanist of Bombay and carried on his study with dogged perseverance under the guidance of this doctor. He also got into touch with the late Mr. Campbell of Bombay and availed himself of the botanical knowledge and experience of the latter. Though his English education did not go beyond the fourth standard, he grasped, by dint of sheer exertion, all the technicalities of Botany and allied subjects like Ayurvedic Nighantoos, etc. with theoretical and practical efficiency, by no means inferior to that of an average botanical graduate, having academic credentials at his back. And by genius—that transcendent capacity of taking trouble according to Carlyle—he was second to none in his subject of choice, inspite of his meagre school education. It is no exaggeration, if it is remarked, that he was the Father of Botany or the Lenin in Kathiawar and Gujrat

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to quote the words of his favourite disciple, in as much as he was the first to deal with Botany exhaustively as well as scientifically in vernacular as opposed to English and to instil into the mind of the Gujrati-knowing population the importance of this much neglected science. By the influence and recommendation of his English friends like late Chester Macnaughten M.A., the then famous Principal, Rajkumar College, Rajkot, Hon. H. M. Birdwood M.A., L.L.M. (Cantab), the then judge of Bombay, and others, he was appointed Curator of forests and gardens in the Porbunder state, at that time under the historic administration of Sir F. S. P. Lely, I. C. S. etc. When he did not like the idea of prematurely leaving off his study under the auspices of late Pt. Bhagwanlal and Dr. Sakharam, Sir Lely said to him, "Well, never mind, we have given you a congenial work, I think. Please do your work and you will find an interest in it. Your knowledge of plants should now be put to some practical and useful work." Really he put his knowledge of plants to commendable 'practical and useful work' by bringing out the 'Vanaspati Shastra' or 'A Complete and Comprehensive Account of the Flora of Barda Mountain (Kathiawar), the only work of its kind in Gujrati and the masterpiece of the author from botanical, economical, industrial, and medical view-points. Late Lt. K. R. Kirtikar and Dr. Bhalchandra praised the work in glowing terms ; while the latter considered it as a standard work on Indian Botany in Gujrati. By the bye it must be remarked without any fear of contradiction that the Porbunder State had had no mean share in making what Mr. Joyakrishna was ; for the State had equipped him with all available literature on Botany necessary for the advancement of his knowledge. In the same vein the Cutch State is to be congratulated upon having patronized the son of the soil in his after life. After he took his pension from the Porbunder State, his services were utilized by the Cutch State, as said just now, and there too he brought out his another famous work 'The Flora of the Cutch State (Gujrati). Both the works evince originality and patient labour continued for years and reflect no small credit upon the author. He was the first to be inspired by and to act according to the immortal words of the famous field botanist, Mr. F. Gell, "By Natives of India alone can Botanical science be pursued in India with the same success which has attended the efforts in this direction of Europeans in Europe." It is an irony of

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fate that, owing to lack of appreciation on the part of Gujrat, many illuminating works did not come from this dynamic force. According to the opinion of his several Indian and English friends and admirers including Sir Leslie Wilson, ex-Governor of Bombay, had he written his two authoritative works on Botany in English instead of his mother tongue, they would have been much more appreciated and would have enriched the author to a great extent. To this plausible argument the august Botanist in his characteristic style replied that there was no dearth of English books on Indian Botany and his sole endeavour was to educate his countrymen in their own mother tongue and not to amass wealth thereby. These words unequivocally testify to his patriotism, self-sacrifice, and noble-mindedness.

Even in his advaced years and subsequent physical breakdown, he contributed to the 'Vaidy-Kalpataru' and the Ayurveda-Vijnan,' the leading Ayurvedic monthlies in Gujrati and tried all his best to be of service to all interested in the subject in various little ways. His original researches with respect to the genuine identification of several indigenous Ayurvedic drugs, compatible with the findings of ancient Nighantoos, are either generally accepted or on the way to acceptance by many Ayurvedists. Moreover they have undoubtedly generated a spirit of research among the Gujrati Vaidyas. Among his disciples may be mentioned Vaidya R. J. Trivedi, Editor of the the Vaidyakalpataru and proprietor of the Gujrat Ayurvedic Pharmacy, and Vaidya B. G. Shah, author of the Nighantu Adarsha. Ayurvedic scholars like Vaidya A. P. Pattani, Principal, U. P. Ayurvedic College and Mr. D K. Shastri, Editor of the Ayurveda-Vijnan have been influenced by him, so far as Botany is concerned. The present writer had once the opportunity of seeing and hearing him at Patan in 1925. He was simple in manners, unostentatious in speech, and above all airs, aloofness, etc. so intermingled with exuberance of knowledge.

Devout as he was, it was through the philosophy of plants and plant-life that he tried to realize the divine power of the Almighty. Botany was to him the alpha and omega of his life : "the solace of his life and the solace of his death." He did translate into action the sober words of late Justice Ranade, "no man can be called great who has not to the last hour of his life fulfilled the responsibility which greatness implies."

Finis coronat opus !

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Let us see how Gujrat perpetuates the memory of a self-sacrificing genius!

May his soul rest in enternal peace and inspire every one of of us with that noble spirit which he has bequeathed to our countrymen! Amen!

VAIDYA BHANUSHANKER P. SHASTRI;
Ayurvedic Practioner, Limbdi (Kathiawar)

Health and Hygiene

THE RAT MENACE

Reservoir of Many Diseases

The rat has followed man every where and has both the wit and the means to adapt itself to all climates and conditions. No other wild animal is cosmopolitan. and only a few domestic animals have a world wide distribution, writes "The Red Cross"

Some rats are born, and live their entire lives in cold storage refrigerator plants where the temperature is never above freezing, while others find congenial homes in the hottest parts of the tropics.

Rats are more than a nuisance. They are a serious menace to health, for they are subject to some of the diseases to which man is heir. Bubonic Plague or the black death of the Middle Ages is an infection primarily of rats and secondarily of man. Rats are great travellers. They infest all vessels and in this way have carried bubonic plague to the four quarters of the globe. Most epidemic diseases are transmitted by more or less direct contact between man and man, but we would never have plague were it not for the rat.

Plague, or the black death, is one of the most serious epidemic diseases in the history of sanitation. During the Middle Ages, about one-fourth of all the people who lived in Europe died of this disease.

"A journal of the plague year" by Daniel Defoe is a more graphic story than his "Robinson Crusoe." Plague is just as virulent to-day and claims even more victims than it did in the days when it was not understood. During the twentyfive years fron 1893 to 1920, 10,784, 391 deaths occurred in India alone from plague.

Plague occurs in two chief forms, known as bubonic plague and the other as tha pneumonic form of the disease. Bubonic plague is contracted from the rat through the bite of a flea. The flea is the intermediate host that communicates plague bacilli from the rat to man.

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Bubonic plague does not spread from man to man; in other words, it is contagious. On the other hand pneumonic is directly transmissible but fortunately is a relatively uncommon form of the disease.

RESERVOIRS OF TRICHINIA

In addition to plague, rats are susceptible to and responsible for other diseases. Thus rats are one of the great reservoirs of trichinia and are responsible for trichinosis which is caused in man by eating infected pork.

Plague which affects the lungs chiefly resembles pneumonia.

Rats are responsible for infectious jaundice, also known as epidemic catarrhal jaundice. This disease is endemic among rats all over the world. It is due to a spirochæte and varies in virulence in different times. In Japan, infectious jaundice is more prevalent and more serious than in America or Europe.

Rats also suffer with leprosy, which is a close counterpart of leprosy in man. This disease is transmitted from rat to rat, but the relation between rat leprosy and the disease in man is not clear. However a study of leprosy among rats will very likely throw light on the mode of transmission and control of the human disease.

Rats harbour a number of other parasites, such as tape-worms, amebas, indistinguishable from the amebas of dysentery, and other bugbears that cause trouble in the human race. Rats also are apt to carry a bacillus that causes food-poisoning, and furthermore they have been accused of dragging typhoid bacilli from sewers and cesspools to the food in our shops and kitchens.

Rat-bite fever is a rare and curious infection sometimes following a rat bite. The symptoms come on after the wound has healed. Only eighty cases have been reported in the scientific literature up to 1918. About 10 per cent. of the patients died.

Few persons have any conception of the number of rats in cities and towns. In fact, the number of rats is limited only by the opportunities for nesting and food supply.

The brown rat reproduces from three to five times a year, each time bringing forth a litter of six to nine and sometimes as many as twenty-two and twenty-three young. With the ordinary rate of increase one pair of rats would multiply in three years to over 3,000,000,000, provided all survived. The average life of a wild rat is about two years. Few rats are seen during the day-times for they are noctural and secretive in their habits.

FAMINES DUE TO RATS

Rats are a menace not only because of the diseases they convey, but also because they eat and destory best quantities of the world's food

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supply Famines in Russia and India have been due in part to the rats eating much of the grain.

In buildings the brown rat keeps mainly to the cellar and the lower parts, where it commonly lives in burrows From these retreats it makes nighty excursions in search of food. The roof rat and the black rat live in the walls or in the space between ceilings and roofs Rats readily climb trees to obtain fruit. In the tropics, the roof rat and the black rat habitually nest in the trees.

In the open, rats seem to have defective vision ; by daylight they move slowly and uncertainly, but at the side of the room and in contact with the wall, they run with great celerity. This fact suggests that the Vibrissae (Whiskers) serve as feelers and that the sense of touch in them is extremly delicate. The animal always prefers narrow places as high ways, a circumstance that may be made use of in placing traps.

The destruction of food, merchandise and property by rats is so great that this alone would justify active measures of suppression, even though they were not responsible for plague, trichinosis and other infections. Rats destroy grain while it is growing. They invade stores and they destroy flowers, laces, silks and carpets. In the markets they eat fruits, vegetables, meat and all sorts of foodstuffs. They destroy by pollution ten times as much as they eat, cause conflagration by dragging matches into their holes, gnaw lead pipes and floors of houses, ruin artificial ponds and embankments by burrowing, destory eggs and young poultry, damage foundation, floor, door, and piers ; in short they are the worst mammalian pest.

MEANS TO DESTROY THEM

World wide extinction of the rat is a hopeless task. They are intelligent and cautious. Extermination is a biologic impossibility, killing off large numbers gives survivors an easier living. Our hope, therefore, is in repression, so as to minimize the danger to health and lessen the destruction to property. The warfare against rats requires rat proof building, keeping food from rats, encouraging their natural enemies and using traps and fumigation.

The natural enemies of the rat are the larger hawks, owls, snakes, skunks, coyotes, weasels, minks, dogs, cats and ferrets. Of dogs, fox terriers make the best ratters.

Food must be kept away from rats. Well-fed rats mature quickly, breed often and have large litters. A scarcity of food helps all other suppressive measures. Garbage and offal must be disposed of so that rats cannot get at them. The health department should require well covered garbage cans and see to it that the garbage is frequently removed and burned. To deposit it on the ground only invites and nourishes rats and other

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vermit. Slaughter houses are centres of rat propagation. The offal is best disposed of by burning.

Expert trappers prefer to vary the kind of traps they use from time to time and also to change the bait from cheese to bacon, grain, meat, vegetables, bread or fish. The best poison is barium carbonate. Strychnine and arsenic are dangerous on account of the accidental poisoning of children, and phosphorus is hazardous on account of fire. The placing of poisons in and about dwellings is objectionable on account of the odour of the dead rats.

USE OF POISON

Poisons may be of service in granaries, stables, wharves, storage depots, garbage dumps and places where rat-proofing is difficult or very expensive. Experience is required in laying out poisons safely and effectively. The old rats are wary and will refuse bait unless it is artfully concealed and judiciously placed. Bacterial vaccines are expensive, uncertain and impractical.

Experienced ratters depend on traps, dogs, cats and ferrets. The best protection is rat-proofing of buildings in order to keep them out, but even this requires constant vigilence, inspection and attack on the first sing of a rat. Large buildings should be screened so that rats cannot wander from one portion to another.

Fumigation with sulphur or cyanide gas is useful to destroy rats on boardships and in other limited places. These are dangerous and must be used with caution to prevent casualities to man.

The repression of rats requires individual and community co-operation under the skilled guidance of the health officer. Wharves, granaries, butcher shops, abatoirs, homes and all places in which food is handled, must be rat-proof. Rats will not remain where food is inaccessible nor can they thrive and multiply.

Cleanliness is the fundamental principle in this problem as it is also the keystone that supports the arch of sanitation and hygiene.

HAZARDS TO CHILDREN

—:o:—

Common Accidents and their Remedies

I

The most appalling and tragic fact about accidents is that a large proportion of the victims are children. The deaths of children due to accidents in the home are almost as numerous as the deaths of children from all other causes. The most frequent causes of fatal accidents to children are falls, burns, scalds, asphyxiation by gas, and playing with unsafe toys and sharp edged tools are common causes of serious injuries.

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Practically all accidents to children are the fault of the parents or other adults. Carelessness, neglect, disorderly habits, and thoughtlessness on the part of adults cause accidents to the child. Curiosity in the child leads him into dangerous paths. It is the duty of every adult to set an example to children and show them how to do things safely. The child must be taught to avoid dangers in the home as well as on the street. He will be best taught by the example which adults set for him.

BURNS AND SCALDS

Burns and scalds cause more deaths of children than any other class of accidents. Kettles with hot substances in them should never be placed too near the edge of the stove, sink, or table. Tubs or boilers of hot water should not be placed on the floor where small children may fall into them. Never carry a kettle of hot water in one hand and a child in the other. The two may meet if you should stumble.

Matches should be kept out of reach of children.

Only the relatively harmless varieties of fireworks should be permitted in the hands of children. Accidents and noise on the Fourth of July (in our case Dewali festivals) are giving way to community celebrations. Leave the dangerous fireworks and pyrotechnic displays to skilled adults.

Firearms, if they must be kept in the house, should be kept locked out of the reach of children. A young boy never should be allowed to use a gun unless an older person is with him. Children should be instructed that every gun is loaded until proved otherwise.

FALLS

A certain mother living in a second storey flat failed to realize the danger of stairs, didn't provide a barrier to prevent the baby from falling. The baby fell down the steps three times within as many months, and still no attempt was made to make the hall safe.

Some falls are the result of poor eyesight. Others are caused by imperfect co-ordination of muscles, which is characteristic of small children.

Objects left lying on the stairs or on the floor are dangerous to adults and children alike. Habits of orderliness should be taught by parents and practised by both adults and children for their common safety.

Porch railings should be built high enough and in such a manner that small children will not readily climb over them and fall.

Window screens should be fastened securely. Many a child has fallen from open windows or windows with insecurely fastened screens.

Rickety furniture makes poor apparatus for play. Deaths have resulted from falls from chair and other low pieces. Falling objects such as book cases, marble tops of table, heavy picture frames, etc. also cause many serious accidents in the home.

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SWALLOWING OF SMALL OBJECTS

Analysis of the cause in 1,135 cases of objects lodged in the throat, lungs and food passages shows that in nearly 90 per cent. the presence of the odject is due to easily avoidable carelessness.

Carelessness in the prepartion of foods.
Carelessness in eating and drinking.
Carelessness in putting inedible objects in the mouth.
Carelessness of parents and nurses.

Foods for children, invalids, and aged persons should not contain such things as bones, fruit seeds, pits or stems.

Small bones, such as are found in fish and birds, should be removed from children's food.

It is careless to serve food containing fragments of nut-shells, egg-shells, shells, crab shells, and so forth, and to permit containers and utensils to contribute to the food such fragments as chips of enamel or china-ware, splinters of wood from flour or sugar barrels, and solder from tin cans. When a fruit or jelly glass breaks or chips in opening, the contents should be strained or thrown away.

Care should be taken when cooking or serving food to see that there are no loose pins or buttons in the waist that could fall into the food.

Hasty eating and insufficient mastication should be guarded against as dangerous.

The chewing of pencils, toothpicks, grass stalks, straw and the like, apart from the general objections, is a cause of foreign body accidents.

Children should be taught not to put inedible substances smaller than a spoon in their mouths.

Coins are filthy things to put in the mouth, and may get lodged in the throat. Teething rings are objectionable, but a coin as a "tooth-cutter" is worse.

Babies should not be put on the floor to amuse themselves until after the floor is cleared of all small odjects, such as tacks, seeds and bits of coal.

It is careless to allow a child to run or jump with anything, even food, in its mouth. Children's tops should be inspected for small loose parts, such as eyes, buttons, fragments of metal and wood.

Babies should not be allowed to play with corn (maize), coffee berries, seeds, small marbles, jacks and the like.

Children under two years of age should never be given peanuts or any kind of nut candy. They cannot chew the nuts, and are liable to choke on them and aspirate them into the lungs.

Don't set a bad example to a baby by holding a straight pin or safety pin in your mouth.

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Don't bend over a baby or take it into your arms without making sure that there are no pins, needles, safety pins, buttons or jewellery in your waist that could get into the baby's mouth or reach.

If you see a foreign body on the tongue, take it out; but if it has gone down back of the tongue don't try to reach it with your finger. Send the patient to a Physician.

THE CHILDREN'S TEETH

How to Protect them from Decay

Early dental decay in children may be a sign of some constitutional disorder, such as rickets, or some other condition in which the absorption of calcium from the food is deficient, but often the seeds of dental caries are sown in early life by lack of attention to the teeth, writes Dr. E. M. Anderson in the "New Health."

It is essential to cleanse the teeth thoroughly before the child goes to bed, as otherwise fragments of food which may be lodged between the teeth will undergo fermentation and undermine the dental enamel. Certain foodstuffs, particularly those containing starch or sugars, are especially prone to ferment. They should, therefore, be avoided at the child's last meal, if this is given shortly before bedtime. Biscuits, cakes, and, above all, sweets are all harmful in this respect. The best supper for a young child is soup or broth, neither of which will leave a residue which may undermine the enamel of the teeth during the night. Sweets, particularly when made from artificial sugars, and of the cheap variety, are bad for the teeth unless extreme care is taken in regularly cleansing them.

Soft foods are not good for the teeth in excess, as they require but little chewing. Crusts, rusks, and other hard or crisp foods are necessary in addition.

Sound teeth are so vital to the health of the child that no pains should be spared in assisting their normal, healthy development during the early and most important years. Caries even of milk teeth, adversely affects the health, due to poisonous absorption from them into the digestive tract, and failure to masticate the food properly.

SALTS

We have learned to place more reliance upon earthly salts in food as an important factor in our nutrition. They consist principally of potassium, calcium, magnesium, and iron and are to be found in fruits

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and vegetables. Diets deficient in these elements will promote disease. Denatured foods, i.e., white flour, peeled potatoes, white rice, etc., are the deficient foods that should be carefully avoided in the daily diet, and particularly in the diet of children. On the other hand, there should enter into the daily diet some form of raw fruit and salad at least once daily. If this is done the natural salt-content of our food will take care of itself.

Reviews and Notices of Books

—:o:—

Diabetes Mellitus and its Dietetic Treatment, By B. D. Basu, Major, I.M.S (Retired). Edited by Lalit Mohan Basu M.B., (Cal.). Fifteenth Edition; Published by Dr. L. M. Basu, M.B., Bhuvaneshwari Ashram, 35 Bahadurganj, Allahabad 1930. Price Rs. 2.

First Edition published in 1909. This manual has been reprinted fifteen times during twenty years. The book has undergone thorough revision for the fifteenth Edition in 1930, with the collaboration of the author's son Lalit Mohan Basu M. B. This hand book is written with the intention of providing a practical guide to the prevention and dietetic treatment of Diabetes mellitus.

Dr. Bose has described a pre-glycosuric stage in which the presence of sugar may not be detected. Errors in diet are described in detail. The importance of the practice recommended in the Yoga system to purify the intestinal canal thoroughly is briefly mentioned. The Insulin therapy is described in plain and easy language. The subject matter presented is complete, every possible view point being considered. The book will appeal to the practitioners as well as to the students.

Text Book of Pathology including Bacteriology, Animal parasitology, Laboratory methods and Laboratory Diagnosis of Diseases—By Dhirendra Nath Banerjee M.B. (Cal.), M.D. (Berlin), Demonstrator of Pathology, Carmichael Medical College, Radiologist, Chittoranjan Hospital, Radiologist, Calcutta Polyclinic Ltd.; Author of "Cholera and its modern treatment." Second edition; Revised and Enlarged; With 305 illustrations and 9 coloured Plates. Published by The Medical Bureau, 190 Cornwallis Street, Calcutta, 1929. Price Rs 12 only.

This is the second edition of the author's Text Book of Pathology which was published in 1925. The book has undergone a thorough revision. Many new illustrations have been added (80 in number), mostly from Indian source. There has been considerable improvement in type, paper and blocks. The present edition is undoubtedly a valuable work, and it is admirably printed, profusely illustrated and well-bound.

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A noticeable feature of the illustrations is that some of these are prepared according to histo-topographic method of Christeller.

It is gratifying to find that this book has gone two editions in 4 years. We hope that it may see many more editions, and that it will make a special appeal to both the medical practitioners and the students.

The book commences with an apt quotation from Madhava Kara, the celebrated author of the *Nidana*, an analysis of contents of which is given in full, evidently from our short memoir on the author in our Journal.

A short history of the science is given in which the evolution of Pathology—the Indian School and the Western School—is described. A reference to the Postmortem examination in the Arthasastra of Kautilya is very interesting. Of the Western School, the names of Aristotle, Harvey, Malphigi, Leenwenhoek, Morgagni, Virchow, Pasteur, Koch, Ehrlich, Wasserman, Metchnikoff, Noguchi and Shiga are mentioned with short notices of their work. The subject matter of the book is treated ably from every point of view and great praise is due to the author for its production.

News & Notes

—:o:—

CO-ORDINATION OF MEDICAL RESEARCH

Enquiry Report

Imperial Institute for India

The report of the Committee on the organisation of medical research under the Government of India is published for general information :— The Government of India appointed a committee to consider and advise upon the proposal made by late Prof. E H. Starling, C. M. G., F. R. S., Mr. Jodrell, Professor of Physiology at the University of London for the establishment of a Central Medical Research Institute for India including the location of such an Institute, its structure and functions, its relationship with other organisations devoted to medical research and constitution and recruitment to agency employed by the Central Government for the conduct of such research. The committee consisted of Sir Walter Fletcher, Secretary, Medical Research Council (Privy Council) as chairman, Lt, Col. S. P. James, Medical Officer and Advisor on tropical diseases, Ministry of Health, London, Dr. R. Row, Professor of Pathology, Grant Medical College, Bombay as members and Lt., Col.

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S R. Christopher, Director, Central Research Institute, Kasauli as member and Secretary.

The following is the summary of the chief recommendations of the committee :—(1) An Imperial Medical Research Institute which will be headquarter of the Central Medical Research organisations working throughout India should be founded at Dehra Dun. (2) The Institute should have its own Governing Body and its own Director-in-Chief. (3) The functions of the Institute should be in general to serve as—(a) centre to collect and bring into proper relations with one another the result of medical research work throughout India, (b) the head-quarters of Central Medical Research organisation working anywhere in India and concerned chiefly with all India problems, (c) the centre for basic research work and the source of assistance to all in matters in which highly expert opinion is desired, (d) a bureau of information and publications, place for keeping standard collections and type cultures and and speciments, Central Medical Library and Central Supply Depot of equipment for workers in the field, and (e) training centre for medical research workers and assistants.

If the scheme for a reconstructed central medical research institute be accepted by the Government of India, the existing Central Institute at Kasauli should be abandoned. If the proposal as a whole is unacceptable in principle or along their major lines, proposals for the new institute at Dehra Dun should be rejected at once and action should be taken to proceed immediately with part of the scheme that are acceptable, using the existing Kasauli Institute as the base. With a view to giving more opportunity for research work the provincial Governments should be moved to take steps to increase the number of the superior staff employed as directors and assistant directors and to require for these appointments a high standard of qualifications for research work. With the approval of provincial governments six officers from the medical research cadre should be made available to increase the sanctioned staff of the provincial institutes.

COMPOSITION OF THE DEPARTMENT

The strength of the Medical Research Department should be increased from 30 to 52. The followin appointments be named as specified appointments :—

(a) Under the Government of India with headquarters at the Central Institute. A director-in-Chief of the institute, one director of sections, seven assistant directors of sections.

(b) In provincial institutes,—

Directors five and assistant directors twelve. Twenty additional appointments in the departments should be open equally to the I.M.S. and non-I.M.S. candidates. The composition of the cadre should be

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changed by closing recruitment to the present lower salaried group of non-I.M.S. members and by revising the rules, conditions and pay of the non-I.M.S appointments with a view to raising the standard required of the members of that group. The scale of pay for non-I.M.S. members should be at least equivalent to and may have to be higher than the present scale of pay of I.M.S. member.

RESEARCH FUND ASSOCIATION

As regards the Indian Research Fund Association, the committee recommends the addition of four consultative members resident in Great Britain to the governing body of the Association. The Association should recruit its own workers to a greater extent than hitherto with the object particularly of making the Association the chief source of recruitment of non-I.M.S men to the Government Medical Research Department.

METHOD OF RECRUITMENT

As regards the method of recruitment the committee recommends that recruitment to the Medical Research Department be from the ranks of the I.M.S and from open market, that the present practice of reserving some appointment for officers of the I. M. S. be continued, but the proportion of non-I.M.S. to I.M.S. officers should be increased by making recruitment for twenty additional appointments to the cadre open to all.

The committee further recommends that the Indian Research Fund Association, should take steps to arrange for the training of young graduates in medicine or other sciences.—"*Free Press.*"

MEDICAL REGISTRATION

The following gentlemen have been elected members of the Bengal Council of Medical Registration :—

Dr. Kedar Nath Das, C.I.E., Lt.-Col. A. D. Stewart, I.M.S., Lt.-Col. H. W. Acton I.M.S, Dr. Narendra Nath Basu, Major S. N. Mukherjee, I.M.S, Dr. J. C. Chatterjee, Dr. Kumud Sankar Roy, Dr. Rai J. N. Mitra Bahadur, Dr. Satish Chaudra Ghosh, Capt. S. J. V. Fox, I.M.D., Dr. Bipinbihari Sen, Dr. Jatindranath Maitra, Dr. Pramathanath Nandi, Dr. Sir Nilratan Sarkar, Dr. Susil Kumar Mukherjee, and Captain Satish Chandra Sen Gupta.

The following gentlemen have been nominated by Government :—

Dr. Gordon N. Brandon, Dr. Aubrey Pollock, Chief Medical Officer E. I. Railway, and Lt.-Col. R. B. Lloyd, I.M.S.

Major-General G. Tate, I.M.S., Surgeon-General with the Government of Bengal, is nominated to be President of the Council.

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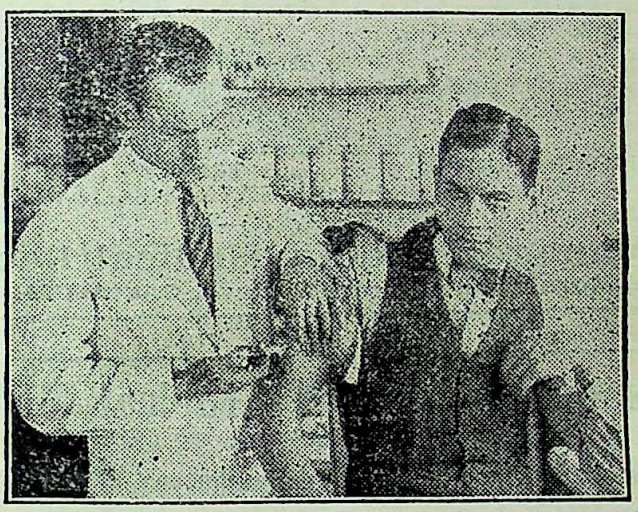

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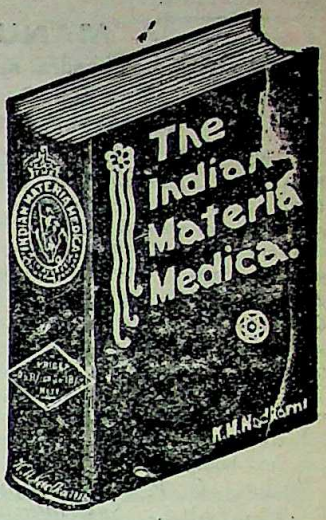

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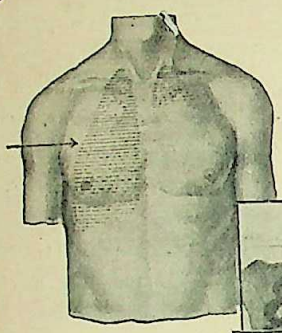

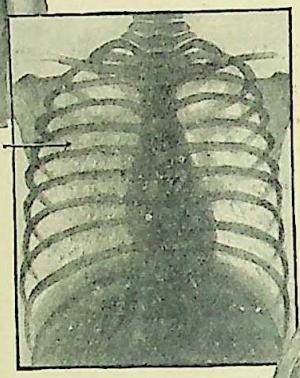

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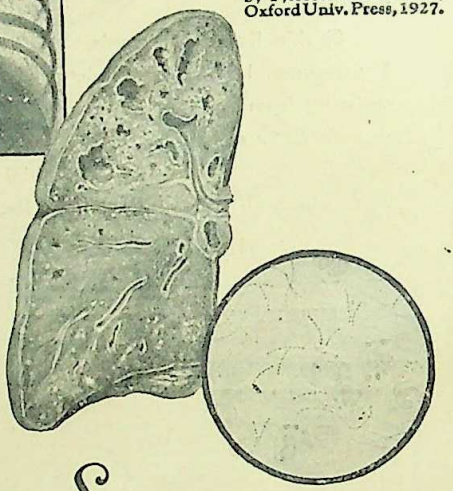

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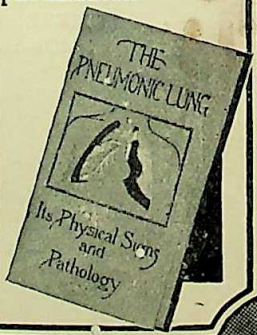

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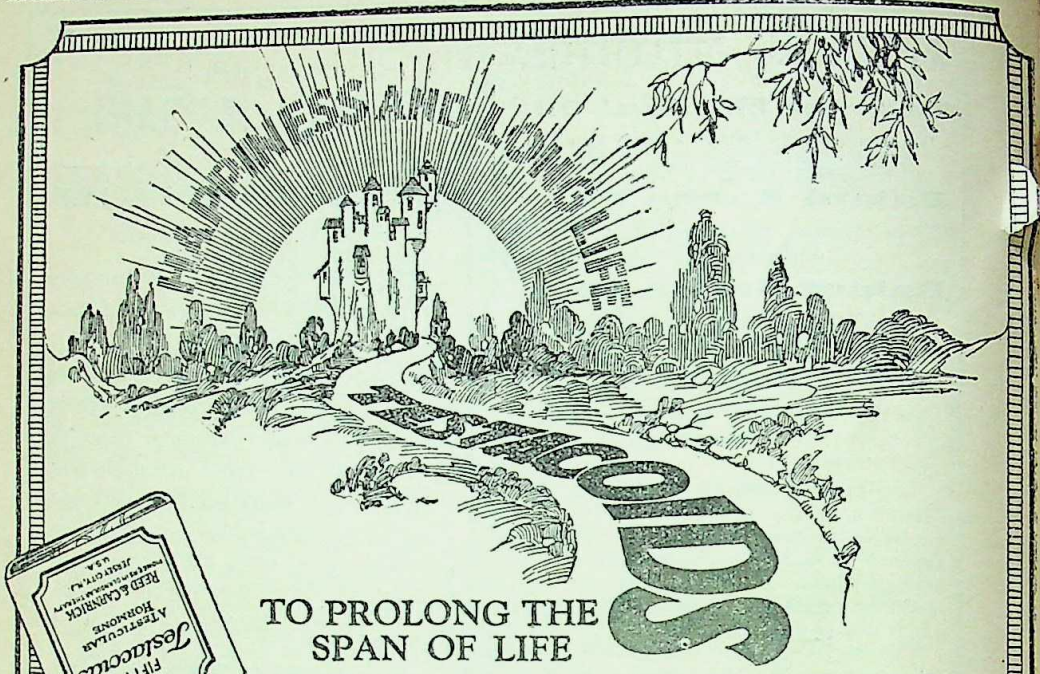

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THE JOURNAL OF AYURVEDA.

Vol. VI.] March, 1930. [No. 9.

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An Appeal

To the Authors, the Publishers, the Book-Sellers, and the Professors of Ayurveda.

Dear Sirs,

The ancient medical literature of the Hindus is copious and requires investigation in a scientific spirit. My contributions, *Surgical Instruments of Hindus*, Vol. I. and II., and *History of Indian Medicine*, Vol. I.. II., III., have been published by the University of Calcutta. My other works are in the hands of the University and will be issued gradually. As Editor of the *Journal of Ayuraeda*, issued monthly from Calcutta, in which the Ayurvedic books are reviewed properly, I request you to send me your publications for adequate appreciation of your labour. Recently another book has been written and will be published soon,—*An index to the Bibliography of the Ayurvedic Authors and Their Works.* It is based on many Catalogues and I have increased the Bibliography by adding the titles of standard editions of Ayurvedic books and of ther commentaries, of their translations and also of works of criticism on them. I take the liberty of requesting you to send me your publications to be included in this scientific Catalogue, a copy of which will be sent to you when published. The books supplied by you will also be acknowledged and criticised in the *Journal* and thus publicity would be secured for your publications. I am being favoured by Authors, Publishers and Book-Sellers of the different provinces and I take this opportunity to thank them. It

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is impossible for any man, single-handed, to accomplish the object creditably ; my effort must be supported by your help and co-opertion, so that we may have a reliable *Catalogue of the Ayurvedic Authors and their Works.*

PREFACE.

In presenting this catalogue to the public, I think it is necessary to explain briefly the circumstances connected with its compilation. Medical bibliography is of comparatively recent development and is generally regarded by students of medicine to be of no practical utility. It was not without hesitation that I assented to the publication of the present volume. In fact, when these notes were collected, I had no intention of their publication. These notes helped me in writing the volumes of *History of Indian Medicine*, three volumes of which have already appeared in print. The first volume comprised the period designated the Vedic Ages ; the second volume comprised the period of the Sages and Munis ; and the third volume brins us down to the end of the historical period generally described as 'Before Christ' or 'B. C.'

The present publication was undertaken with the hope of supplying a want I have myself experienced. It was done partly from a wish to present in a compendious form a list of Sanskrit books on the Ayurvedic system of medicine. The catalogue when printed will contain a mass of information available to the public.

The title "*Index to the Bibliography of the Ayurvedic Books*" describes the scope of the publication better than any other. It is not an independent catalogue by itself. It is based on many catalogues which describe the MSS. and printed books on medicine along with other MSS. of the different and cognate branches of learning. This catalogue gives us exact references to the titles of the books, their MSS., the dates of their composition, names of their authors and commentators, their editions and translations with the names of the editors and translators.

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I have added such information as was available to me regarding the circumstances under which they were respectively composed.

I also had in mind the hope that it might form a stepping-stone to a more general acquaintance with the books in the list. The list is far from being an exhaustive one. In fact it is practically impossible to secure absolute completeness in such a list, as new catalogues of MSS. are being published in India, Europe and America. A vast amount of work still remains to be done, and it is pleasing to observe that investigations are now being made to complete the missing links in the chain of the knowledge. The importance of such investigation cannot be overrated as it was in India that the Science of Medicine had its origin and whence it spread to Europe.

I have derived my information from different sources, for which more precise acknowledgement than what appears in the body of the book has been omitted with the view of economising space in a record already inconveniently large. The record comprises a long period of time from pre-historic age to the present time,—a period of about 3,000 years. We may express the hope that the records that are now being made will prove to be of inestimable value to those who follow us.

"It has long been desirable that students of Sanskrit literature", says Montogomery Schuyler, in the *Preface* to his work "*A Bihliography of the Sanskrit Drama*", "should have as complete a catalogue as possible of all the Hindu authors and their writings in order that they might be able to tell at a glance how many manuscripts of each work are known, how many editions and translations have been made and what has been written concerning them". It is the purpose of this volume to fill this need for the Sanskrit medical books.

I had not access to all the actual Mss. and editions, and so a large number of entries in this *Bibliography* must be taken as derived from second-hand sources. Elaborate

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and curious descriptions which adorn the litle pages have been omitted, and Text editions and Commentaries have been described simply as 'Edited' or 'Edited with notes by".

The list contains the names of authors, printed in ordinary Roman types, and the titles of the books have been printed in italics. When a book is known by two or many titles, the synonymous titles of the books have been given under "*Syno*". Of the books of which the author is unknown, the abbreviation "*Ano*" (-Anonymous) is inserted. All abbreviations are in italics. Many abbreviations have been used and a list of abbreviations has been added.

Under the names of authors, the list of their works have been inserted, when the authors are known, and cross-references are also given under the titles of each individual work. This kind of arrangement has entailed duplicate entries, but it secures ease of reference. Some titles of the books, although identical with the names of well-known books of known authors, have had to be marked "*Ano*," because the necessary information for the proper identification of the author is not froth-coming. And for this reason the exact number of medical books in Sanskrit cannot be made out at the present time, especially when new books and compilations are being written and published now and then in India,

Honorific designations, such as *Kavi*, *Bhatta*, *Pandita*, *Raja*, etc, have been retained as they form part of the names as commonly known to the people, or to distinguish different authors of the same appellative.

Editions and Translations have been arranged as far as possible in their chronological order under the abbreviations "*Ed.*" and "*Trans.*" The critical references and notices have been collected and catalogued against the names of authors or their books as "*Ref.*" The general books, monographs, papers and contributions on

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the subject have been separately listed before the main body of the *Bibliography*.

References to Mss. in the different Catalogues have been arranged under "*Mss.*" An idea of the number of Mss of a single book may be known from the number of the Mss. noted against each catalogue. Abbreviations have been used in place of the full names of the Catalogues and a list of the Catalogues, with the abbreviations used for them, has been given. The number of the Commentaries is noted under "*Com.*" The names of the Commentators and the various kinds of commentaries, *viz.*, *tika*, *tippani*, *karika*, *bhasya*, etc., have been given under that head. The publications which belong to a 'series' have been entered under "*Ed.*" A list of the "*Series*" to which the medical books belong have been added.

The *Index* and other parts necessary to the publication of this catalogue have been added and will be found useful to the readers.

I have increased the *Bibliography* (1) by adding the titles of the standard editions of the books, (2) by adding titles of the commentaries, and the names of the commentators, (3) by mentioning translations into the languages of Europe and into the several vernacular dialects of India and (4) by giving references to modern books on criticism on the literature of Indian medicine and other cognate subjects.

I have tried my best to make the arrangement as clear as possible, and to render this mass of information of practical use to the indigenous Vaids of India, the Sanskrit names of books and authors have been given in that language, and the alphabetic arrangement follows the order of the alphabets of the Sanskritic tongue.

Any suggestion for the improvement of this catalogue will be highly appreciated and acknowledged. Hoping this scheme will meet with your approval

156, Haris Mukerji Road,
BHOWANIPUR, CALCUTTA.

I remain, yours faithfully,
GIRINDRA NATH MUKHOPADHAYA.

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We are glad to announce that already we have received help from gentlemen who are interested in the spread of Ayurvedic studies. Below we reproduce a letter from one of the foremost Ayurvedic Physicians and Publishers of Ayurvedic books.

LAXMI NIVAS,
366, Kalbadevi Road,
Bombay, 7-2-30.

DEAR SIR,

Many thanks for your kind letter. I am sending to-day, my following publications as asked for by you which I hope you will kindly acknowledge :—

1. Rasa-Kamdhenu.
2. Rasaprakash Sudhakar and Rasasanket-Kalika.
3. Khem Kutuhal.
4. Ayurveda Prakash.
5. Rasapaddhati and Lohasarvaswa,
6. Gada Nigraha, Pt. I.
7. Gada Nigraha, Pt. II.
8. Rajmartanda, Nadi-Pariksha, Vaidyamanorama and Dharakalpa.
9. Anangaranga.
10. Kandarpachudamani.
11. Pancha Sayak.
12. Trishati.
13. Madhav-Nidana with Madhukosh commentary.
14. Dravya-Guna Sangraha.
15. Charaka Sanhita—Text.
16. Bharatiya Rasa Shastra.
17. Aushadhi Sangraha.

Sushruta Sanhita with Dalhan Commentary and Sushruta Sanhita with Chakrapani Dutt Commentary are being edited by me at present. I will send you these two when published.

Wishing you success in the great task undertaken by you. With best thanks.

Yours sincerely,
Sd. VAIDYA JADAVJI TRIKAMJI ACHARYA.

P. S. The books have been sent by Railway Parcel to-day and the receipt is enclosed herewith.

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

(Continued from our last issue)

—:o:—

(c) *Nerves of General Sensation or the Monobaha Nadis.*

These are afferent sensory fibres which communicate the sensorium (sensory area of the brain) with the periphery (Skin and organs)—spinal afferent fibres.

They are also afferent intra-cerebral "association fibres" passing from one lobe of brain to another.

According to Dr. B. N. Seal these "Monobaha Nadis" are vehicles of consciousness or channels of communication of "Jiva" (Ego or soul) to the "Manas Chakra" (Sensorium). "It is not sufficient," says Prof. Seal, "for sensation to rise to the level of discriminative consciousness unless it is communicated by Manas-chakra (sensorium) to the Jiva" (Ego).

Thus, says modern physiology, the non-sensory afferent fibres end in the cerebellum and no sensation is produced unless the afferent fibres pass by successive relays to the sensorium (Brain, sensory area) and there communicated to the "Jiva" (Ego), there is no sensation (discriminative consciousness of sensation).

Modern anatomy of the intra-cerebral association fibres These are situated in the so called "Silent area" of the brain, whose function is unknown in modern West, hence the name "Silent area".

There are three groups of association centres in the brain, as follows :—(Vide figure I).

(*a*) The first group of association fibres are located in the anterior part. On referring to the map of the brain, it will be found that there are several blanks (silent areas),

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one of which is situated at the anterior or frontal lobe, which is very large in human being. It is supposed that the silent area in this lobe is the seat of higher intellectual function (anterior association centre).

(*b*) The second area of association centre (posterior association centre) is situated in the parieto-temporal lobe. According to Moth, while the anterior association centre (in frontal lobe) is important for intellectual operation, the posterior association centre is larger and more convoluted, showing greater intellectual development.

(*c*) There is a third or middle association centre in the "Island of Reil" whose function is unknown.

Details of actions of these centres and their association fibres are unknown, as they should be in modern medicine, for some of these areas, if not all, are associated with higherintellectual and metaphysical functions, fully developed in that form of "Yogic" exercise, known as "Raj-Yoga."

(*d*) *Nerves of Motion and Organic action*

or

The Agna-baha Nadis.

These are efferent motor fibres which pass from the "Sahasrar" (motor area) of the brain along the spinal cord to the skeletal muscles.

They are also efferent sympathetic fibres which pass from the "Sahasra" along the sympathetic to the various organs.

They are also inter cerebral association efferent fibres passing from one lobe of brain to another.

These six groups of Nerves (of special and general sensation as well as motor and organic Nerves) are stated by the ancient Hindus as associated with the "Shata Chakra" or subtle centres connected with the "Sushumna" (spinal cord), as follows :—

The "Nerves of Smell" are associated with the Prithvi in the "Muladhar" (subtle centre in the spinal cord associated with the coccygeal nerves and those of the lower extremities).

The "Nerves of taste" are associated with the "Jala-chakra" in the "Svadhisthan" (subtle centre in the spinal cord associated with the sacral plexus of spinal nerves).

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The "Nerves of Sight" are associated with the "Teja-chakra" in the "Manipur" (subtle centre in the spinal cord associated with the Lumber plexus of spinal Nerves.)

The "Nerves of Touch" are associated with the Air Chakra in the Anahata (subtle centre in the spinal cord associated with the Brachial plexuses of spinal Nerves.)

"The Nerves of Sound" are associated with the "Ether Chakra" in the "Vishuddha" (subtle centre in the spinal cord associated with the cervical plexus of spinal Nerve.)

"The Nerves of mind" (Monobaha) and the "Nerves of motion and organic action" (Agnabaha) are associated with the Agnabaha centre (Agna-Chakra or gangliated plexus of command), situated inside the skull between the two eye-brows. This is associated with the "association fibres", both afferent and efferent, between the various lobes of the Brain.

The inherent idea is that Brain is as much an organ as the Heart or the lungs, stomach and the intestine and so forth, differing only in their locations.

The fact will be evident if we study the development of the cerebro-spinal and the sympathetic systems.

The old idea was that "the sympathetic Nerves and ganglias are merely outgrowth of the cerebro-spinal system.

The next idea is that "the vegetative apparatus is the oldest part of the Nerves system. In the first place there is the fascinating story of the developments of the vertebrates from the invertebrates of the sea. The blood salts and sea salts are identical".

Then there is the whole group of data which demonstrate that the "primitive wishes" which make up the content of body consciousness" are determined by states of tension or relaxation of different segments of the vegetative apparatus".

During the course of evolution, the Brain and its appendages are gradually evolved, consequently the Brain is the servant of the vegetative apparatus".

(*Bermann glands regulating personality*")

While "Ayurved" which deals with bodily organs gives greater importante to the vegetative apparatus, "Yogic", which deals with mental functions and whose object is "Laya" or dissolution beginning with suspension of animation, gives greater importance to the crebro-spinal system.

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The various "*ashans* and *mudras*" for "Hata-Yoga" depend on particular states of tension and relaxation of the different segments of the vegetative apparatus, influencing the various chakras" (Subtle centres) in the cerebro-spinal axis.

These six chakras which are also associated with the sympathetic, command the voluntary, skeletal as well as involuntary organic action. The "Agna-chakra" commands not only the structures and organs of the different parts of the trunk and extremities but of the brain.

It is difficult to understand what connection there exists between the organs of sensation and the different parts of the body (containing structures and organs).

The *Yoga-tattva Upanishad* decribes the various parts of the body as follows :—

Kshiti or Earth—Lower pelvis and Lower extremity, site of Muladhar chakra.

Ap. or water – Pelvis proper, site of Svadhisthan chakra.

Teja or fire —Abdomen, site of Manipur chakra.

Vayu or Air —Chest and upper extremity, site of Anahata chakra.

Byom or Ether—Throat and head, sites of Vishuddha and Agna chakras.

The five "Bhutas" or elements of which the body is composed have the following qualities or physical properties :—

Earth	is associated with	the sense of smell
Water	"	of taste
Fire	"	of sight
Air	"	of touch
Ether	"	of hearing and of mind.

Hence those chakras are connected with those special sensory Nerves. Thus we see that the Hindu explanation is metaphysical. The connection therefore between those nerves and the chakras are metaphysical and not physiological.

It is believed that the *yogi* who has controlled these chakras by exciting the Kundalini attains supperhuman powers, *e.g.* :—

Controlling muladhar—commands the sense of smell so that by rubbing his hands he can make any one perceive any particular smell.

Controlling svadhisthan—commands the sense of taste. The yogi can walk over water and so forth.

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The Spinal Nerves

These are 4 groups of Nerves as follows :—

(*a*) Varuna—These distribute fibres to the chest and upper extremities and correspond to the branches of the Brachial and dorsal plexus of spinal nerves, which receive branches from the thoracle portion of the gangliated cord of the sympathetic (vagus)

(*b*) Visvodhara—These distribute fibres to the abdomen and correspond to the branches of the lumbar plexus of spinal nerves, which receive branches from the lumbar portion of the gangliated cord of the sympathetic as well as from the para-sympathetic (vagus).

(*c*) Kuhu and Alambusa—These distribute fibres of Nerves to the pelvis and the lower extremities and correspond to the branches of the sacrococcygeal plexuses of spinal nerves, receiving branches from the pelvic portion of the gangliated cord of the sympathetic as well as the para-sympathetic (Nervous regions).

The sacral plexuses of spinal Nerves divide into two terminal branches as follows :—

(*a*) Pudie—to organs and structures of pelvis.

( ) Great Sciatic—to lower extremities.

The Ida, Pingala and the Sushamna.

These are the most important of the fourteen groups of Nerves mentioned in "Yoga Books" and of these three, the "Sushamna" is the most important from "Yogic" point of view, because when by "Yogic" exercise the "Kundalini" is excited, it passes, by successive stages, through the different segments of the "Sushamna" into the Brain.

The Sushamna or the Spinal Cord.

The "Sushamna" or the spinal cord is centrally situated inside the "meru-danda" (Spinal column). It extends from the "Sahasra-dal-Kamal" (*lit.* the lotus with thousand petals which corresponds to the brain with its innumerable convolutions) to the "Muladhar Chakra" (Pelvic Plexus of the Sympathetic).

The "Sushamna" of the ancient Hindus therefore consists of the following parts of modern Anatomy :—

(*a*) The middle portion inside the spinal column extending from the Atlas or first cervical vertebrae to the lower

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border of the Last Lumbar vertebrae which correspond to the spinal cord proper of modern Anatomy.

(*b*) The lower part of the "Sushamna" is the Filum Terminale, which descends through the centre of mass of nerves forming the Cauda-Equina (containing the roots of sacral and coccygeal spinal nerves) on a level with the second or third sacral vertebrae.

(*c*) The upper part of "Sushamna" after piercing the "Talu" (palate or the base of the skull) goes inside the Cranium and extends up to the Basal ganglia forming the lower brain corresponding to medulla and pons.

Detailed anatomy of the Sushamna.

The sushamna is composed of :—

(*a*) White matter situated externally, also known as "Sushamna.

(*b*) Grey matter situated internally which occupies mainly the centre of the cord, round about the central canal known as 'Bajra' or 'Bajrakhya' fibres.

(*c*) The "Brahma-randhra" or "Brahma-Bibar" which is the central canal of the cord.

Literally it is the canal of "Brahma" through which "Kundalini" passes up in Yoga when excited.

(*d*) The fine Nerve fibre, as fine as the thread of a spider's web occupying the centre of the canal of the spinal cord (Brahma-Bibar) is known as the "Chitra Nadi" or "Chitrini" fibre and corresponds to the fibre of Reissner.

Course of the Fibres.

The "Bajra" fibres or grey matter of the "Sushamna" extend below down to the "Muladhar Chakra" (Pelvic Plexus, opposite the third or fourth sacral vertebra). That is the grey fibres of the spinal cord after their termination in the lower border of the First Lumbar Vertebrae continue as the grey fibres of the filum terminal, which extend up to the second or third sacral vertebrae. Here it ends according to modern Anatomy. But according to the ancient Hindus, the "Bajra" fibres go further down to near about the tail end of the coccyx, where they meet the fibres from the "Ida" and the "Pingala" forming the Traipur Chakra" (Ganglia Impar or coccygeal Ganglia). Modern anatomy says that the fibres from the two sympathetic chains (Ida and Pingala) and not of the spinal cord meet at the Ganglia Impar.

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The "Bajra" fibres extend upward into the Medulla (forming the floor of the fourth ventricle) and the Pons (Posterior or Dorsal aspect.)

The "Brahma-randhra" or the central canal of the spinal cord is continued upwards into the Medulla (as the fourth ventricle) and then passes upwards (as the third ventricle) and extends right up to the "Brahma-dwara" (literally door of "Brahma", corresponding to the foramen of Monroe).

The "Chitra or Brahma Nadi" is the fibre of Reissner which takes its origin from the wall of the cerebral ventricles, runs down the central canal of the cord as a fine thread, whose function is unknown, says modern medicine. According to the ancient Hindus, "Kundalini", when excited, passes up from the "Traipur Chakra" (Gangli Impar) to the "Sahasrar" (Brain) along the "Chitra or Brahma Nadi."

The Ida and the Pingala.

These are the two chains of Nerves situated outside the "Merudanda" (spinal column), one on each side, the "Ida" being the left and the "Pingala" the right chain corresponding to the two sympathetic chains.

They also include the efferent or centri-fugal (Ida) and the afferent or centripetal (Pingala) fibres situated in the Sushamna, within the spinal column.

The fibres from "Ida" and "Pingala" join above in the cranium where they meet the "Bajra" fibre of the "Sushamna" (denied in modern anatomy) forming the "Agna Chakra" (Ganglia of Ribes) at a spot opposite the junction of the two Eye brows. Below they join with each other as well as the "Bajra" fibre of the "Sushamna" as already stated at the "Traipur Chakra" or Ganglia Impar.

The fibres of the "Ida and the Pingala "communicate freely with each other as well as those of the "Sushamna" all along its course, particularly at the region of each of the "Sata Chakras" (Six Gangliated plexuses of the sympathetic) where the fibres decussate with each other forming "granthis" or knots.

(*To be continued*).

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PULSE IN PROGNOSIS OF DISEASES ACCORDING TO AYURVEDIC MEDICINE

BY

DR. EKENDRANATH GHOSH, M.Sc., M.D., ETC.

Professor of Biology, Medical College, Calcutta.

In two works on Sphygmology [II. 42 ; ना वि. त] we find the record of pulse characteristics in several common diseases which indicate a very unfavourable prognosis. The pulse conditions are often supplemented by other bodily signs and symptoms. Although they seem to be more or less superfluous in the present day medicine, they were undoubtedly of great value for the guidance of the practitioners.

(1) Agnimandya (Anorexia).

बहुकालं यदा बह्नेर्मान्द्यं स्यात् क्रमशस्तदा ।
जीवत्यासाध्यो वालस्तु न जीवति जरायुजः ॥

If there be loss of appetite for a long time the life gradually becomes hazardous. Even if a boy, the person does not live.

The condition is evidently symptomatic of a progress of incurable disease, as tuberculosis, gastric cancer, etc.

(2) Ajirna (Dyspepsia).

अजीर्णे रोगिणी क्षीणा चेत् कुटिलान्तःस्थिरा यदि ।
नानोपद्रव संयुक्ता दुर्बलस्य मतिर्भवेत् ॥

If the pulse in Dyspepsia becomes small (thready), curved and nearly imperceptible and if it is attended with other complications, it indicates death in a weak (asthenic) patient.

Here the condition is evidently secondary to some obscure fatal organic disease.

(3) Atisara (Diarrhœa) and Grahani (Chronic Diarrhœa).

यो जीर्यत्यतिसारी च नानोपद्रवसंयुतः ।
एवं ग्रहण्यां नयनमशुभं मरणाय च ॥
नाडी मन्दगतिः स्थिरा भालीऽल्प स्वेदतानलः ।
चिरजीवी न जीवेत्तु साश्चेदल्पाशनं क्रमात् ॥

If the diarrhœic patient becomes emaciated and also in Chronic diarrhœa, it indicates approaching death. The pulse becomes slow and nearly imperceptible ; slight perspirations appear on the

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forehead ; digestion becomes feeble ; the food becomes gradually less and less. The man does not live long.

(4) Apasmara (Epilepsy or any convulsive seizure).

अपस्मारे यदा चीणा नाडी तु मन्दरोहिणी ।
नानोपद्रव युक्ता स्यान्मरणाय न संशय: ॥

If the pulse in a convulsive seizure becomes feeble, slow and bounding and if it is accompanied by various complications, death is sure.

The condition probably refers to apoplectic or uraemic convulsion.

(5) Amlapitta (Acid dyspepsia).

अम्लपित्ते च चपला चीणा नाडी तु मृत्यवे ।

Ii the pulse in Acid dyspepsia becomes frequent and thready (small), it means death.

The condition no doubt refers to a hæmorrhage from a duodenal ulcer.

(6) Arochaka (Loathness).

चीणा नाडी वक्रगति चारुचौ दोषसंयुता ।
नाशयाचिरकालेन छर्दि रोगे च चपला ॥

If the pulse in Loathness becomes feeble and curved and is attended with triple derangement, it indicates death in a short time. It is such in a quick pulse in vomiting.

The condition refers to some chronic organic disease of the stomach (probably cancer) with loathness as a prominent symptom.

(7) Arsa (Piles).

अर्शोरोगेतु चेत् चीणा सदा मन्दगति स्तथा ।
तथाल्पशोथो गण्डे स्यान्नानोपद्रव संयुत:
स याति शीघ्रं पञ्चत्वं यदि विवर्ण फुसफुसा ॥

If the pulse in Piles becomes thready (small) and always slow, if the cheek becomes slightly oedematous, if various complications arise and if the lungs are affected, the patient dies.

The condition evidently refers to chronic Bleeding Piles ending in severe anæmia with some lung complication (this may be tuberculous).

(8) Ambata (Acute Rheumatic Fever).

आमवातेऽतिसूक्ष्मा चेत् तेनस्यात् चीणा विग्रह: ।
हीनाग्निर्बहुदोषाद्य: कदाचिन्नैव जीवति ॥

If the pulse in the acute rheumatic fever becomes very small (thready) and becomes very weak, if there is loss of appetite and

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if there are signs of multiple derangements, the patient is never going to live.

The condition refers to cardiac failure in a case of rheumatic fever.

(9) Udararoga and Sotharoga (Ascites and Dropsy).

उदरेच तथा शोथे स्थिरा सूक्ष्मातिशीतला ।
नानोपद्रवसंयुक्ता मरणायैव केवलं ॥

If the pulse in Dropsy and Ascites becomes thready, very soft and nearly imperceptible and if the condition is attended with various complications, they are only for death.

The conditions probably refer to the last stage in atrophic cirrhosis of liver or may refer to chronic parenchymatous nephritis. Both of them are common in India.

(10) Unmada (Insanity).

उन्मादे सूत्रवत्क्षीणा चपला कुटिला यदि ।
देहक्षीणस्य मरणं कदाचित् कर्हिचित् क्वचित् ।

If the pulse in Insanity becomes thready (small), frequent and curved in an emaciated patient, it rarely indicates death.

(11) Upadansa (Chancre).

मरणञ्चोपदंशे च तथा क्षीणा च चञ्चला ।

If the pulse in chancre becomes feeble and frequent, it indicates death.

The condition evidently refers to phagedenic sores which were so common in pre-antiseptic days.

(12) Urusthambha (Paraplegia).

ऊरुस्तम्भेति चपला क्षीणा सूक्ष्माति सूत्रवत् ।
मेदोरोगे च धमनी पुष्टा नाशाय चेत्स्थिरा ॥

If the pulse in Paraplegia becomes frequent, feeble, small and thready, it indicates death. In obesity the pulse, if large and very slow, indicates death.

The first condition indicates a terminal stage in transverse Myelitis. The second condition means the last stage in an advanced fatty heart.

(13) Karnaroga and Nasaroga.

कर्णरोगेऽपि चेत् क्षीणा नानोपद्रव संयुता ।
नाडी नश्यत्यस्य रोगे तथा नासागदेऽपिच ॥

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In Karnaroga (ear-disease), if the pulse becomes feeble and is accompanied with various complications, it indicates death. In a disease of the nose, the same pulse characteristics mean death.

In the first condition we are evidently dealing with meningeal complication in Otitis media. The second condition is probably nasal diphtheria or may be again some meningeal complication in some septic condition of the nasal fossæ.

(14) Kamala (Hypertrophic cirrhosis of the liver ?) and Halimaka (malignant Jaundice, acute yellow atrophy of the liver).

स्फीतगण्डेऽल्पतास्यस्य क्षामत्वन्तरस्थितं ।
चीणाचेत् कामलास्तु यदि मन्दगतिस्तथा ॥
तेन स्यान्नयनादीनां वैवर्ण्यं चीनता तथा ।
मरणाय त्वतिचीणा शिरा मन्दा हलीमके ।
देहस्यचातिवैवर्ण्यं चीणस्य मरणं ध्रुवं ॥

In Kamala if the swollen face becomes thin and the body becomes emaciated, the pulse becomes feeble and slow, and if the eyes become pale and body weak, they are for death. In Halimaka, if the pulse becomes very weak (small) and slow and if the body becomes pale in a weak patient, the death is inevitable.

(15) Kasa (Cough).

कासे नाडी यदा चीणा तेन स्यात् चीणविग्रहः ।
चपला सर्वदाचेत् स्यान्मरणं तु न संशयः ॥

If the pulse in Cough becomes very feeble and always remains frequent and the body becomes emaciated, the conditions indicate death.

The condition evidently indicates chronic bronchitis in its terminal stage.

(16) Gulmaroga (Abdominal Tumour).

गुल्मरोगेऽति चपला चीणा नानोपसर्गिता ।
मरणाय मूत्रकृच्छ्रेऽश्मर्यां चीणाति चञ्चला ॥

In Gulma, if the pulse becomes very frequent, weak and is variously complicated (by other signs and symptoms), it indicates death. In Strangury and Nephrolithiasis, if the pulse becomes feeble and very frequent, it indicates death.

(17) Chhardi (Vomiting).

नाशायाचिरकालीन छर्दिरोगे च चञ्चला ।
चीणा मूत्रसमा चेत् स्यात् स्थित्वा स्थित्वा यदा गतिः ॥

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In Vomiting if the pulse becomes quick, weak and thready and beats very slowly, it indicates death in a short time.

(18) Trishnaroga (Thirst).

तृष्णारोगेऽपि चेत् क्षीणा मन्दगतिस्तत: ।
अत्यन्त शैत्यगमनं मरणाय न संशय: ॥

In Thirst (symptomatic of some disease), if the pulse becomes weak (small), infrequent and very soft, it indicates death.

(19) Daharoga (Paraesthesia of burning).

दाहेऽपि च यदा क्षीणा चपला कुटिला यदि ।
अन्त:शून्या वराकेऽङ्गे मरणायैव केवलं ॥

If the pulse in Daharoga becomes feeble (small), frequent and curved and empty (that is, of very low volume), it indicates death.

The condition evidently refers to the last stage of Polyneuritis, when it becomes complicated with Tachycardia and Dyspnoea. (See Monographic Medicine, Vol. 6, p. 850).

(20) Dhanustambha (Lockjaw), etc.

धनुस्तम्भ हनुस्तम्भ पक्षाघातापतानका: ।
अर्दिता क्षेपका: काये दृढ़ानां यत्नसाधका: ॥

The *Dhanustambha* (tonic contraction of the body like a bow), lockjaw, hemiplegia, *apatanaka*, *ardita* and *kshepaka* (convulsive seizures) in a strong man are curable if properly treated.

(21) Pandu (acute catarrhal Jaundice).

क्षीणा सूक्ष्मसमा नाड़ी वैवर्ण्यं तेन संयुतं ।
मरणाय क्लमं विद्यात पाण्डुरोगी तथा तत: ॥

If the pulse in *Pandu* becomes small and thread-like and the body becomes pale, they indicate death.

(22) Vatarakta (anaesthetic Leprosy).

वातरक्ते यदा नाड़ी चपला स्पन्दनान्विता ।
नानोपद्रव संयुक्ता मरणञ्चततस्तत: ॥

If the pulse in *Vatarakta* becomes frequent and is accompanied by various complications, it indicates death.

(23) Bhagandara (Fistula in ano).

भगन्दरे शिरा क्षीणा तथा चाञ्चल्यवाहिनी ।
मरणोपद्रवे च तथा क्षीणा च चञ्चला ॥

If the pulse in *Bhagandara* becomes thready and frequent, it indicates death. (See under Upadansa).

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(24) Masurika (Small-pox).

मरणाय मसूर्य्यास्तु स्थिरा चौणा शिरा तथा ।
नानोपद्रव संयुक्ता तथान्त: शोथ समिता ॥

If the pulse in Smallpox becomes barely perceptible and small and it is accompanied by various complications, it means death; it is then attended with terminal swelling (of the body).

(25) Mutrakrichchra (Strangury —under Gulmaroga.

(26) Mutraghata (Suppression or Retention of Urine).

मूत्राघातेऽतिमूत्रे तु चौणा चाऽल्पवाहिनी ।
मरणाय श्रीगदेपिस्थिरा चौणा च शीतला ॥

In Suppression of Urine and Polyuria, if the pulse becomes feeble and frequent, it indicates death. Similarly a feeble, soft and nearly imperceptible pulse in a female disease indicates death.

(27) Medoroga (Obesity). See under Urustambha.

(28) Meha (Urethritis, Gonorrhoeal urethritis).

चौणा नाडी यदा मेहे रोगे स्यात् चौण विग्रह: ।
अल्पाशनो विवर्णश्च कदाचिन्नैव जीवति ॥

If the pulse becomes feeble (small) in an emaciated patient who eats little and has become pale, he will never live.

(29) Yakshma (Pulmonary Tuberculosis).

यक्ष्मा रोगेऽपि चेत् चौणा चपला सूत्रवद् यदि ।
अत्यल्पभक्षणं देहे कार्श्यं भवति मृत्यवे ॥

If the pulse becomes small, frequent and threadlike, the food becomes very small in amount and the working of the body becomes very small (that is, all the bodily functions are more or less impaired), they are so for death.

(30) Raktapitta (Hæmatemesis).

रक्तपित्तेऽपि चपला चौणा नाडी यदा तत: ।
शिरोग्रह: यदा नेत्रवैकृतं मरणाय च ॥

If the pulse becomes frequent and small, and if there be swooning and opacity of the cornea, then they are for death.

(31) Vayuroga.

नाना गतिमती नाडी चौणा वायौ मति: खर: ।

If the feeble pulse shows various kinds of beating, it indicates early death.

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(32) Visuchika (Cholera).

विसूच्यां चेत् स्थिरा क्षीणा शिरा वक्रा तदा मृतिः ।

If the pulse is nearly imperceptible, feeble and curved in Cholera, it indicates death.

(33) Vidradhi (Cellulitis).

विद्रधौ मन्दगमना नाडी सूक्ष्मा च मृत्यवे ।

If the pulse becomes infrequent and small, it indicates death.

(34) Siroroga (Headache).

शिरोरोगेऽति चपला क्षीणा क्षीणाश्च वर्मणः ।

मरणाय.....

If the pulse becomes quick and feeble and if the body becomes emaciated, it indicates death.

(35) Striroga (under *Mutraghata*).

(36) Swasaroga (Asthma).

श्वासरोगेऽतिचपला क्षीणा तेनाल्प भोजनं

मरणाय.....

If the pulse becomes frequent and weak and the food becomes small in quantity, then the patient is going to die.

(37) Halimaka (malignant Jaundice), (under Kamala).

(38) Hikka (hiccough)

हिक्का रोगेऽति चपला क्षीणा चेत् यदि सूत्रवत् ।

तदा तत्र मृतिर्ज्ञेया..... ॥

If the pulse becomes very quick, feeble and thready, it indicates death.

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MIDWIFERY IN ANCIENT INDIA

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III

On the Purification of the Semen and Blood

A man cannot procreate, if his semen be deranged by vayu, bile and phlegm, if it be polluted and emits a cadaverous smell (*kunapa*), granthi (gland-like), or has undergone decomposition, and resembles pus, or has become thin or scanty in amount, or emits the smells of urine and faeces. The different causes produce differnt results, as will be seen in the table below :—

	Semen	Derranged by	Results.
1.	,,	Vayu	Pain and color of Vayu.
2.	,,	Bile	,, ,, Bile.
3.	,,	Phlegm	,, ,, Phlegm.
4.	,,	Blood	Red, profuse, painful, smell of dead body.
5.	,,	Vayu and Phlegm	Gland-like.
6.	,,	Bile and Phlegm	decomoposed and pus-like.
7.	,,	Vayu and Bile	Weak and scanty semen.
8.	,,	Vayu, Bile & Phlegm, or, Sannipatic	Smell like that of urine and faeces.

Of these, 4 to 8 are difficult of cure, 7 is incurable, and the rest are curable.

Similarly the three *dosas* and blood, separately and in combination, pollute the menstrual blood also. These causes also produce barrenness. The result is also known as before ; the *dosas* produce peculiar kind of pain and color. In cases of women, 4 to 8 are incurable, and the rest are curable easily.

अथातः शुक्रशोणितशुद्धि नाम शारीरं व्याख्यास्यामः ।

वातपित्तश्लेष्मकुणपग्रन्थिपूतिपूयचीसमूत्रपुरीषरेतसः प्रजोत्पादने न समार्था भवन्ति । तेषु वात-वर्णवेदनं वातेन । पित्तवर्णवेदनं पित्तेन । श्लेष्मवर्णवेदनं श्लेष्मणा । शोणितवर्णवेदनं

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कुणपगन्धानल्पं रक्तेन । ग्रन्थिभूतं श्लेष्मवाताभ्यां । पूतिपूयनिभं पित्तश्लेष्मभ्यां । क्षीणं प्रागुक्तं पित्तमारुताभ्यां । मूत्रपूरीषगन्धि सान्निपातेनेति । तेषु कुणपगन्धिपूतिपूयक्षीणरेतसः कृच्छ्रसाध्याः । मूत्रपूरीषरेतसस्त्वसाध्याः साध्यमन्यच्चेति ।

आर्त्तवमपि तिभिर्दोषैः शोणितचतुर्थैः पृथग्द्वन्द्वैः समस्तैश्चोपसृष्टमबीजं भवति तदपि दोषवर्ण-वेदनादिभिर्विज्ञेयं । तेषु कुणपगन्धिपूतिपूयक्षीणमूत्रपुरीषप्रकाशमसाध्यं साध्यमन्यत्कृतिं ।

In the first three *dosas* of the semen, treatment should be by oleaginous medicines and fomentations, or by means of injections through urethra. If the semen smell like that of a dead body, you should prescribe ghee, or Dhataki flowers (*Woodfordia floribunda*), catechu, pomegranate, and Arjuna bark (*Terminalia Arjuna*) infusions or the medicines contained in the *Salsaradi* group boiled in ghee. If the semen emits the smell like that of a gland, you should use infusion of Pathira alone, or with ashes of Palasa (*Butea Frondosa*) wood. If it be like pus, ghee boiled with Parusa (*Grewia Asiatica*) and *Vatadi* (Ficus) group should be used. If the semen be weak, the same medicines would be useful. If it has the smell of faeces, use infusion of Citraka (*Plumbago Zeylanica*), Venamula (*Andropogan muricatum*) and assafœtida.

In seminal diseases, use oily medicines, emetics, purgatives by means of oils and infusions and lastly by injection through the urethra. In the females, to rectify the 4 *dosas* of blood, use first oleaginous medicines and emetics, and lastly infusions and ghee. If the smell of the menstrual blood be like that of a gland, use infusion of Patha (*Stephania hernandifolia*), Trikatu (Black and long pepper and dry ginger), and Kuduci (*Holarrhena antidysenterica*). If it be smelling like that of pus, use camphor or infusion of santal wood. In the other *dosas*, *e g.*, 7 and 8, treatment should be similar to that of the semen. It is good to take as food boiled sali rice, barley, wine, flesh, etc., and other anti-bilious food-stuffs.

भवन्ति चात्र ।

तेष्वाद्यान् शुक्रदोषांस्त्रीन् स्नेहस्वेदादिभिर्जयेत् ।
क्रियाविशेषैः स्मृतिमांस्तथाचोत्तरवस्तिभिः ॥
पाययेत नरं सर्पिर्भिषक् कुणपरेतसि ।
धातकीपुष्पखदिरदाडिमार्जुनसाधितं ॥
पाययेदथवा सर्पिः शालसारादिसाधितं ।
ग्रन्थिभूते शठीसिद्धं पालाशे वापि भस्मनि ॥

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परूषकवटादिभ्यां पूयप्रख्यैश्च साधितं ।
प्रागुक्तं वक्ष्यते यच्च तत् कार्य्यं चौषरेतसि ॥
विट्प्रभे भावयेत् सिद्धं चिवकोशीरहिङ्गुभिः ।
स्निग्धं वान्तं विरिक्तञ्च निरूढमनुवासितं ॥
योजयेच्छुक्रदोषार्त्तं सम्यगुत्तरवस्तिना ।
निधिमुत्तरवस्त्यन्तं कुर्य्यादार्त्तवशुद्धये ॥
स्त्रीणां स्नेहादियुक्तानां चतसृष्वार्त्तवादिषु ।
कुर्य्यात् कल्कान् पिचूंश्चापि पथ्यान्यावमनानिच ॥
यष्टिभूते पिबेत् पाठां वृषणं वृक्षकाणि च ।
दुर्गन्धे पूयसङ्काशे मज्जतुल्ये तथार्त्तवे ॥
पिबेद्वद्रियः क्वाथचन्दनक्वाथमेव च ।
शुक्रदोषहराणाञ्च यथास्वमवचारणं ॥
दोषाणां शुद्धिकरणं शेषास्वप्यार्त्तवादिषु ।
अन्नं शालियवतं मद्यं हितं मांसञ्च पित्तलम् ॥

Characters of good semen.—Pure semen is colored white like glass, liquid in consistency, cooling to touch, sweet to taste, and smelling like honey.

स्फटिकाभं द्रवं स्निग्धं मधुरं मधुगन्धि च ।
शुक्रमिच्छन्ति केचित्तु तैलक्षौद्रनिभन्तथा ।

Characters of good menstrual blood.—If it be red like pure blood as the blood of the hare, or colored red like that of the juice of the lac, if it does not stain the clothes, then it is pure menstrual blood.

शशासृक्प्रतिभं यत्तु यद्वा लाक्षारसोपमं ।
तदार्त्तवं प्रशंसन्ति यद्वासो न विवर्ण्णयेत् ॥
तदेवातिप्रसङ्गेन प्रकृतमनृतामपि ।
असृग्दरं विजानीयादतोऽन्यद्रक्तलक्षणात् ॥
असृग्दरी भवेत्सर्व्वैः साङ्गमर्दैः सवेदनैः ।
तस्यातिवृत्तौ दौर्ब्बल्यं भ्रमो मूर्च्छा तमस्तृषा ॥
दाहः प्रलापः पाण्डुत्वं तन्द्रा रोगाश्च वातजाः ।
तरुण्या हितमित्येवास्तदल्पोपद्रवं भिषक् ॥
रक्तपित्तविधानेन यथावत्समुपाचरेत् ।
दोषैरावृतमार्गत्वादार्त्तवं नश्यति स्त्रियाः ॥
तत्र मद्यकुलत्थान्नतिलमाषसुराः हिताः ।
पाने मूत्रमुदश्चित्च दधि शुक्तञ्च भोजने ॥

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क्षीणां प्रागीरितं सलक्षणचिकित्सितं ।
तथाप्यत्र विधातव्यं विधानं नष्टरक्तवत् ॥

Derangement of menstruation.—If the discharge of blood occurs during the intervals of menstrual periods, then it is known as *asrigdara.* In this disease the quality of the blood differs from the normal blood of menstruation. She complains of pain and lassitude all over her body. If the haemmorrhage be profuse, complications occur by the deranged vayu, and she shows symptoms of weakness :—fainting, dark vision, thirst, heat delirium, paleness, drowsiness, *etc.* If diseases occur with slight complications in a young girl, you should treat it as a case of *raktapitta.* If the *dosas* obstruct the passages, *i.e.*, when the menstrual blood is not discharged, then it is known as *Suppression or Retention of meness.* In such a case, prescribe fish, kulatha, pulse masakalaya, acids, dry cow-dung, dahi, whey for food, and wine and cow's urine as her drink. The treatment of weak and scanty discharge of blood or dysmenorrhœa may consist of the medicines recommended for suppression of mens. So the treatment of polluted semen and blood is described.

Preparation of the couple for successful impregnation.

A healthy female of pure blood or ova should behave like a Brahmacharini from the first day of her mens. She must avoid sleep and dream during the day, the use of collyrium to her eyes, shedding of tears, bath and annoniting, massage with oil, paring nails, running, loud speech or laughter, hearing loud sounds, scratching on the ground, walking in the air, and all works which cause labour. If these forbidden practices are indulged in by the woman during her menstrual period, the child generated during the period will be sleepy, blind, squint, sorrowful, leper, having defetive nails, brown colored teeth, lips, palate and tongue, restless, talkative or garrulous, deaf, and insane. Therefore these acts must be avoided during the menstrual time. She should lie on a seat of *kusa* grass for three days., eat *havisya* or boiled sun-dried rice and ghee on her palm, or earthen pot or leaves, and must avoid the company of her husband. On the fourth day, she should take purificatory bath, wear clothes and ornaments, and after offering *svastibachana* or receiving benediction, should see her husband first, for after such baths, the child, if born during this menstrual period, would resemle the man whom she sees first.

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एवमदुष्टशुक्रः शुद्धार्त्तवा, ऋतौ प्रथमदिवसात्प्रभृति ब्रह्मचरिणौ दिवास्वप्नाञ्जनाभ्युपपातस्नानानुलेपनाभ्यङ्गनस्वच्छेदनप्रधावनहसनकथनातिशब्दश्रवणावलेखनानिलायासान् परिहरेत्। किङ्कारणं। दिवास्वप्नात्: स्वापशीलोऽञ्जनादन्धी रोदनादिकृतदृष्टिः स्नानानुलेपनादृष्टःखशीलस्तैलाभ्यङ्गात् कुष्ठी नखापकर्त्तनात् कुनखी प्रधावनाच्चञ्चलो हसनाच्छ्यावदन्तौष्ठतालुजिह्वः प्रलापी चातिक्रथनादतिशब्दश्रवणाद्बधिरोऽवलेखनात् खलतिर्म्मारुतायाससेवनादुन्मत्तो गर्भो भवतीत्येवंतान् परिहरेत्।

Garbhadhana :—Then the ceremony of Garbhadhana is to be performed by the priest for the good of the child. The husband should, in his turn, obesrve the vows of Brahmacharya or celibacy for one month and should meet his wife on the fourth day of her mens, after taking *sali* rice, ghee and milk as his food. The wife too, after observing Bramhacharya for a month, should on that day rub herself well with oil, and eat her meals with masakalaya (*Phaseolus mungo*). The husband keeping his faith in the Vedas, and being desirous of a male child, should, on that night, or on the 6th, 8th, or 12th day of her menstrual period, satisfy his wife. From the 4th to the 12th days, both inclusive, the son, if begotten, would be more fortunate, rich and strong, according as the act of copulation takes place later than the fourth day onward. If the birth of a daughter is wished by the husband, the copulation should take place on the odd days, *i.e.*, on the 5th, 7th, 9th and 11th days. A male child is born when even days are selected for intercourse with his wife. Sexual intercourse from the 13th day onwards is said to be unwise, and is forbidden.

ततोऽपराह्णे पुमान् मासं ब्रह्मचारी सर्पिःस्निग्धः सर्पिःक्षीराभ्यां शाल्योदनं भुक्त्वा ब्रह्मचारिणीं तैलस्निग्धां तैलमाषान्नाहारां नारभुपेयाद्रात्रौ सामादिभिरभिविख्यास्य विकल्पेवच्चतुर्थ्यां षष्ठ्यामष्टम्यां दशम्यां द्वादश्यां चोपेयादिति पुत्रकामः।

एषूत्तरोत्तरं विद्यादायुरारोग्यमेव च।
प्रजासौभाग्यमैश्वर्य्यं बलञ्च दिवसेषु वै॥

अतः परं पञ्चम्यां सप्तम्यां नवम्यामेकादश्याञ्च स्त्रीकामः त्रयोदशीप्रभृतयोनिन्द्याः।

Effect of intercourse during the fordidden days of mens.

If the husband enjoys with his wife on the first day of mens, he becomes short-lived ; and if she concieves, then discharges of blood occur during delivery. So also for the second day, and if the child is born as the result of intercourse on the second day, it dies in the confinement room. Similary for the third day,

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for then the child becomes disfigured or short-lived. But if on the fourth day, a full-grown child is expected ; it will be well formed and long-lived. But so long as the discharges continue, the semen does not become prolific or successful. As anything thrown against a current cannot go forward and is stopped, so the semen or sperm, not being able to enter the uterus is thrown back. Therefore during a menstrual cycle, the first 3 days must be strictly observed, as the rate of flow of blood is greatest during these 3 days, and after the 12th day is passed, the husband should refrain from copulation until after a month.

नत्र प्रथमे दिवसे ऋतुमय्यां मैथुनगमनायुष्यं पुंसां भवति। यश्च तत्राधीयते गर्भः स प्रसवमानो विमुच्यते। द्वितीयेऽप्येवं सूतिकागृहे वा। तृतीयोऽप्येवगसम्पुर्णाङ्गोऽल्पायुर्व्वा भवति। चतुर्थेतु सर्म्पुणांङ्गो दीर्घायुश्च भवति। नच प्रवर्त्तमाने रक्ते वीजं प्रविष्टं गुणकरं भवति यथा नद्यां प्रतिस्रोतःप्लाविद्रव्यं प्रक्षिप्तं प्रतिनिवर्त्तते नोर्द्धङ्गच्छति तद्वदेव द्रष्टव्यं। तस्मान्नियमवतीं त्रिरात्रं परिहरेत्। अतः परं मासादुपेयात्।

Medicine to help conception of a male.—If conception takes place as the result of cohabitation during the fruitful period (4th to 12th day), and if she be desirous of a male child, let her take in her right nostril as a snuff 3 or 4 drops of Laksana or Vatasunga or Sahodva or Visvadeva (*Terminalia bellerica*), formed into a paste with milk. This snuff must not be spitted out. The conception is successful if the different factors become suitably combined, just as a plant germinates and grows well if the season, soil, water and seed be good and coincide in a proper way. The son formed of such a combination becomes strong, intelligent, long-lived, rich, obedient to father, and good-natured.

लब्धगर्भाथाश्चैतेष्वहःसु लक्षणावटशुङ्गासहदेवाविश्वदेवानामन्यतमं क्षीरेणाभियुत्य त्रींश्चतुरो वा विन्दून् दद्याद्दक्षिणे नासापुटे पुत्रकामायै नच तान्निष्ठीवेत्।

ध्रुवञ्चतुर्णां सान्निध्याद्गर्भः स्याद्विधिपूर्व्वकः।
ऋतुक्षेत्राम्बुवीजानां सामग्र्यादङ्कुरो यथा॥
एवं जाता रूपवन्तो महासत्त्वाश्चिरायुषः।
भवन्त्यृणस्य भोक्तारः सत्पुत्राः पुत्रिणो हिताः॥

Complexion of the child.—The internal heat is the cause of color. If during conception, the major part of the heat be

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combined with water,—the fœtus becomes fair ; If the major part of heat becomes combined with earthy matter,—the child becomes black. If the major part of that heat combines with earth and ether, the color of the child becomes medium-coloured, *i.e.*, intermediate between fair and black, or muddy, blackish, or brown ; if it combines with water and ether, the child is *gourasyam* or fair complexioned, or little short of fair color. Some say that the color of the child depends upon the color of the food supply used during the term of pregnancy. If the heat does not unite with the power of vision, the child becomes blind from its birth. If the heat unites with blood, red eyes are produced ; if it unites with bile, yellow eyes, and if with vayu, the child squints.

तत्र तेजोधातुः सर्व्ववर्णानां प्रभवः स यदा गर्भोत्पत्तावब्धातुप्रायो भवति तदा गर्भं गौरं करोति पृथिवीधातुप्रायः कृष्णं पृथिव्याकाशधातुप्रायः कृष्णश्यामं तोयाकाशधातुप्रायो गौरश्यामं। यादृग्वर्णमाहारमुपसेवते गर्भिणी तादृग्वर्णप्रसवा भवतीत्येके भाषन्ते। तत्र दृष्टिभावमप्रतिपन्नं तेजो जात्यन्धं करोति। तदेव रक्तानुगतं रक्ताक्षं पित्तानुगतं पिङ्गाक्षं श्लेष्मानुगतं शुक्लाक्षं वातानुगतं विकृताक्षं करोति।

Impotency.—As the ghee melts by the contact of heat, so the ovum or germ of the female is discharged by the copulation with her husband. If the uterine vayu divides the seed into two parts, we get the twins formed. If the fecundation takes place as the result of very minute quantity of semen, the child is called *Asekya*. Erection of his penis occurs when he sucks semen. The boy born in a septic uterus is called *saugandhika* ; his strength augments by the smell of the organs of generation. One who performs unnatural acts in her anus, *i.e.*, practises sodomy with a female, is called a *kumbhika*. One who becomes excited and copulates by seeing similar acts in others is called *Irsaka* (Envious). If the male copulates with a female like a female during her menstrual period, and if a boy be born afterwards, it resembles a female in manners and shape and is known as a *Sanda*. If a girl be born of such an intercourse, then she resembles a male in her manners and customs. The *asekya*, *saugandhika*, *kumbhika*, and *irsaka* get semen produced in their testicles, but the *sanda* has no semen. Thus by the unnatural acts their seminal vessels become dilated and that causes the turgescence of penis. The character of the child is determined by the food, conduct, and hankering of the parents. If two

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licentious women copulate with each other, and if their germs be discharged in that act, the fœtus, formed, has no bone (*fleshy mole* ?). If after the purificatory bath, the female enjoys a male in a dream, then she may become pregnant by the deranged Vayu ; the female considers herself to be pregnant and the signs of pregnancy become manifest month by month (*false pregnancy*). That fœtus, if born is devoid of paternal influence, and the fœtus often becomes abnormal in shape, as like swollen scorpion, gourd, etc. Such pregnancy is caused by the sin of the female.

भवन्ति चात्र ।

घृतपिण्डो यथैवाग्निमाश्रितः प्रविलीयते ।
विसर्पत्यार्त्तवं नार्य्यास्तथा पुंसां समागमे ॥

वीजेऽन्तर्ब्बायुना भिन्ने द्वौ जीवौ कुक्षिमागतौ ।
यमावित्यभिधीयेते धर्म्मेतरपुरःसरौ ॥

पित्रोरत्यल्पबीजत्वादाखेयः पुरुषो भवेत् ।
स शुक्रं प्राप्य लभते ध्वजोच्छ्रायमसंशयम् ॥

यः पूतियोनौ जायते स सौगन्धिकसंज्ञितः ।
स योनिशेफसौर्गन्ध्यमाघ्राय लभते बलम् ॥

स्त्रैणे गुणेऽब्रह्मचर्य्याद्यः स्त्रीषु पुंवत् प्रवर्त्तते ।
कुम्भीकः स च विज्ञेयईर्ष्यकं शृणु चापरम् ॥

दृष्ट्वा व्यवायमन्येषां व्यवाये यः प्रवर्त्तते ।
ईर्ष्यकः स च विज्ञेयः षण्ढकं शृणु पञ्चमं ॥

यो भार्य्यायामृतौ मोहादङ्गनेव प्रवर्त्तते ।
ततः स्त्रीचेष्टिताकारो जायते षण्ढसंज्ञितः ॥

ऋतौ पुरुषवद्यापि प्रवर्त्तताङ्गना यदि ।
तत्र कन्या यदि भवेत् सा भवेन्नरचेष्टिता ॥

आखेयश्च सुगन्धी च कुम्भीकश्चेर्ष्यकस्तथा ।
सरेतस्कस्त्रयो ज्ञेया अशुक्रःषण्ढसंज्ञितः ॥

अनया विप्रकृत्या तु तेषां शुक्रवहाः सिराः ।
हर्षात् स्फुटत्वमायान्ति ध्वजोच्छ्रायस्ततोभवेत् ॥

आहाराचारचेष्टाभिर्याट्टशीभिः समन्वितौ ।
स्त्रीपुंसौ समुपेयातां तयोः पुत्रोपि तादृशः ॥

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यदा नार्य्यावुपेयातां वृषस्यन्तौ कथञ्चन ।
सुञ्चन्तौ शुक्रमन्योन्यमनस्थिस्तत्र जायते ॥
ऋतुस्नाता तु या नारी स्वप्ने मैथुनमावहेत् ।
आर्त्तवं वायुरादाय कुक्षौ गर्भं करोति हि ॥
मासि मासि विवर्द्धेत गर्भिण्या गर्भलक्षणं ।
कललं जायते तस्या वर्ज्जितं पैत्तकैर्गुणैः ॥
सर्पवृश्चिककुष्माण्डविकृताकृतयश्च ये ।
गर्भास्त्वेते स्त्रियाश्चैव ज्ञेयाः पापकृता भृशं ॥

Effect of unsatisfied cravings of females.

If the desires of a pregnant female be not satisfied, the Vayu becomes eccentric and produces children who become hump-backed, lame in their extremities, dumb, *minmin*, (a snuffler), smattering etc. Vayu also becomes eccentric if the parents be atheist or if they had done impious acts in their previous births, and for that reason, the fœtus may be malformed.

गर्भो वातप्रकोपेण दौहृदे चावमानिते ।
भवेत् कुब्जः कुणिःपङ्गुर्मूको मिण्मिण एव च ॥
मातापित्रास्तु नास्तिक्यादशुभैश्च पूराकृतैः ।
वातादीनाञ्च कोपेन गर्भो विकृतिमाप्नुयात् ॥

Cause of non-excretion of refuse matters in the fœtus in uterus.

The fœtus in the intra-uterine life does not defæcate or urinate, either because the excreted materials are very scanty in amount, or due to the fact that Vayu having not entered the intestines as yet. The mouth of the fœtus is closed by the membranes, and its throat by phlegm, and the outlets are closed by vayu ; it is for this reason the child cannot cry in the uterus.

मलाल्पत्वादयोगाच्च वायोः पक्वाशयस्य च ।
वातमूत्रपुरीषाणि न गर्भस्थः करोति हि ॥
जरायुणा मुखेच्छन्ने कण्ठे च कफवेष्टिते ।
वायोर्म्मार्गनिरोधाच्च न गर्भस्थः प्ररोदिति ॥

Jatismara.—The fœtus breathes, becomes restless and sleeps during the similar states of the mother. The formation of the body, the shedding of teeth and their reappearance, and the absence of hairs on the palm of the hand and sole of the foot are natural acts. If those who are well-versed in the sacred

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books constantly brood over these phenomena, and if in them good qualities preponderate, they become *Jatismara i. e.*, remember the action and incidents of their former births. The animated beings reap the fruits of their actions done in a previous life and they easily acquire those natural qualities, with which they were habituated in their previous births.

निश्वासोच्छ्वाससंचोभस्वप्नान् गर्भोऽधिगच्छति ।
मातुर्निश्वसितोच्छ्वासस्संचोभस्वप्नसम्भवान् ॥
सन्निवेशः शरीराणां दन्तानां पतनोद्भवौ ।
तलेष्वसम्भवो यश्च रोम्णामेतत् स्वभावतः ॥
भाविताः पूर्व्वदेहेषु सततं शास्त्रबुद्धयः ।
भवन्ति सत्वभूयिष्ठाः पूर्व्वजातिस्मरा नराः ॥
कर्म्मणा चोदितो येन तदाप्नोति पुनर्भवे ।
अभ्यस्ताः पूर्व्वदेहे ये तानेव भजते गुणान् ॥

(*To be continued*).

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Health and Hygiene

GOODWILL—WHAT IT MEANS :

Its Effect on Health

(By W. A. F. Ruble M.D.)

Goodwill and good health are inseparably linked together in the divine plan for mankind, and why should we not comprehend it, grasp it for ourselves, and make it a reality on our own lives and experiences ?

There are two great principles underlying our well-being and happiness. These are faith and good-will. The whole duty of man is said to be comprehended in these two principles, faith toward God and goodwill to our fellow creatures. Lack of these or the possession of their opposites, fear and ill will, have brought upon mankind all of its misery and disease.

Wherein, then, does goodwill have to do with health ? It will doubtless be agreed that the loss of one's reason is the worst calamity that can befall a person. Almost without exception the greatest characteristic of madness, and one of its first symptoms is disregard for others, self-absorption, and introspection. In fact, there are more mad people in the world than those that are in the asylums People wholly engrossed in their own affairs, introspective, selfish, are as unbalanced as many who are in asylums. Insanity and other bodily diseases often begin with introspection. Neurasthenia, hypochondria, melancholia, and whole trains of physical ills are but the fruit of selfishness, absorption in one's own feelings and interests and disregard for other's rights and happiness. So fully is this recognized by medical man that one of the first things a "borderline" case is advised to do is to find interest that will take his mind off himself. About the only way this tendency can be checkmated is to follow the sentiment of the hymn, "Do something for somebody every day." The spirit of goowill will neutralize a world of blues, sorrowful forebodings, and anxieties. The habit of goodwill to others will dispel a host of ills. A good motto is, "Look up, not down ; forward, not backward ; out, not in ; and lend a hand.

The ideal condition, physically, is to be quite oblivious to the workings of our own bodies, to be wholly occupied in the welfare and happiness of others. An animal or a baby is quite unconscious of its own existence. One of the most interesting studies is to watch a young child "come to himself," as we might say. For weeks he may recognize external things and will give evidence of such recognition. He moves his members unintentionally. Soon he begins to recognize that he has appendages and can move them, first incoherently, later purposefully. More and more

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he comprehends his own personality, feelings, and sensations. If all his desires and sensations are gratified he becomes selfish, disregards others' rights, and becomes a miserable piece of humanity, a burden to himself, and repulsive to others. On the other hand, if trained to recognize the rights and wishes of others, and to minister to them, his happiness is supreme, and his usefulness to society everywhere appreciated.

This may seem like sermonizing, but it is an underlying principle of health and happiness. No one sees so many cases of loss of enjoyment of life through selfishness as a doctor. No one appreciates so keenly the necessity of externa linterests in combating diseases of mind and body as he. If every doctor could, by some mysterious means, cause a few dozen of his patients to use the telescope in viewing others' needs and then set about relieving them rather than view their own inner feelings microscopically, and spend their time in a vain endeavour to satisfy them, the world would be a thousand times better off.

MELANCHOLICS

Now is a good time to begin to form the habit of good will. There are thousands of people much worse off than we are. Hunt them out and help them. Incidentally you will find your own ills and and anxieties quickly disappearing. If I could say to all neurotics, neurasthenics, melancholics, "Seek out some people worse off than yourself, spend as much time doing for and thinking of their welfare as you spend on yourself," much of the misery and sorrow of this world would be mitigated.

There is no circumstance in this world as unfortunate as to be surrounded by conditions that make it unnecessary for one to exert oneself in the behalf of other surroundings that minister continuously to one's personal and selfish interests and desires. The writer recalls a case of a young lady whose life was almost ruined because of indulgent parents and friends. She was not too strong physically. Her parents, being in easy circumstances, pampered her in every conceivable manner. Never had she been obliged to consider the needs or desires of others. She thought entirely of her own comfort. She studied her own pleasures. She lived for her own gratification. She was a self-centred weakling. Lack of exercise and pampered tastes and desires brought on physical weakness. Symptoms of failing health came on. She studied her own feelings. Her parents studied them also, and slaved to relieve them. She became a tyrant to her own feelings, desires and bodily fears. In this self-centred state of mind and body, she came into touch with an earnest but engaging social worker, who recognized her condition, took pity on her, enlightened her parents on the real state of their daughter, and by tact, and perseverance succeeded in interesting the unfortunate girl in the poor children of her city. Little by little her

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sympathies were enlisted. With this came activities in behalf of distressed cases. Finally all her time and means were spent in ministering to the needs of others. Her disposition changed, her selfish cares disappeared, her physical appearance became buoyant and vivacious, and her health returned in full vigour, all because her interest had been turned from herself, and became rewarded by good health and good cheer to herself.

Such an experience as this is in store for all. There is never a time or condition but you can find some one worse off than you are yourself. Do not allow another's misfortune to depress you, but set about doing something to help the unfortunate one to forget his misfortune, and in so doing you will heal your own hurt and restore your own health. There is nothing in this world that pays such dividends as ministering to the needs of others. So let us all make our greatest investment of good will, being assured that it will return to us a hundredfold in happiness and health.—*Good Health.*

Reviews and Notices of Books

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Amar-Jeebani —We have received a copy of the above auto-biography by Sj. Bholanath Banerjee, B.E., I.S.E., retired Executive Engineer, P.W.D. for review.

The book is published by Sj. Harendranath Chatterjee, M.A. from 2, Horokumar Tagore Square, Calcutta, consisting of Pp. 226, D. C. 16 M.O. with an introduction by Babu Ramananda Chatterjee, M.A., the erudite editor of Prabasi and Modern Review. Price Re. 1-4 only; to be had from all reputable booksellers or at 2, Horokumar Tagore Square, Calcutta.

The book opens with the child-life of the author at his native village and presents to the reader a very vivid picture of student life of Bengal 50 years ago, specially the interesting period spent in a village school under a Gurumahasaya. It is instructive and interesting to read these chapters as they tell us very frankly how a stern determination matched with a resolute will can overcome all obstacles in the way to progress, even if a man is adversely circumstanced. Yet the writing is never prosaic nor is it void of wit and humour even in the midst of extreme pathos.

The chapters dealing with the author's service-life read like a series of interesting travel-stories, as he had to make an extensive tour throughout Bengal, Assam, Behar and Orissa and occasionally to other important places outside these provinces. The reader is presented here with many historical information along with a beautiful nature paint, possible only for

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a good philosopher. Above all, the pathetic struggle of an independent soul, compelled to serve an unsympathetic Government comes home to every reader in a very lurid light His feeling relieved after retirement and shaking off of all grandeur of official life reads almost like an expaciation, which appeals to every heart. The author is frank and simple, has kept nothing secret and it is this simplicity of heart matched with a good style and method of arranging and presenting the subject matter before the reader that the book reads like a novel of romance and it might well be said of it that "Truth is stranger than fiction."

The book contains much that could be learnt by the present generation, specially the students, who cannot manage to prosecute their studies at a cost less than Rs 40 or 50 a month, and it would be a news to them that a student of the author's type could do so with a monthly scholarship of Rs. 10 only.

The book is full of interesting subjects and instructions. The binding, paper and printing are all that could be desired and in our opinion the book will have a wide popularity.

Salyatantra Samuccaya—By Vamadeva Misra, Professor of Surgery, Government Ayurvedic School, Patna. Printed by R. P. Sinha at the Khadgavilas Press, Bankipur, 1929 Price Rs. 2 only.

It is a treatise on Surgery compiled by the author from the authoritative works on Ayurveda, a list of which is given in the book. It consists of fifty chapters which cover the entire field of Surgery, *viz.*, origin of Surgery, qualification of a surgeon, methods of Surgical operation, description of surgical instruments and applliances, caustics, actual cautery, and leeches ; Practice of Surgical operation, diagnosis, inflammation, blood-letting, treatment of wounds and abscess, fracture and dislocation, and other surgical diseases, etc. Three plates of surgical instruments are inserted in the book, but their source is not mentioned. This is a text book for students, and as colleges and schools of Ayurveda are being established, text books are urgently needed to impart instruction to the students. The illustrations of instruments, given in the "Surgical Instruments of the Hindus" might be utilised by the students to form an adequate idea about the surgical practice of the Hindu surgeons. Addition of so many figures would have enhanced the price of the book. Incorporation of modern methods of treatment should be gradually introduced to bring the treatise up-to-date. In the second edition, which we hope, will soon be required, these omissions would be remedied. We praise the author for the trouble he has taken for the production of the book which, we are confident, will be adopted as a reliable text book for our schools and colleges.

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News & Notes

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RESOLUTIONS

PASSED AT THE

ALL-INDIA MEDICAL CONFERENCE

SIXTH SESSION

Held at Lahore, 27th and 28th December, 1920

RESOLUTION NO. 1.

This Conference is of opinion that to meet the medical and sanitary needs of the civil population of the country no medical service constituted on the present system is required ; but, pending the realisation of this ideal, as a temporary measure this Conference is further of opinion that a civil medical service be created for each province, the incumbents to be appointed on a temporary basis.

RESOLUTION NO. 2.

This Conference is of opinion that the civil appointments should be entirely dissociated from the military side.

RESOLUTION NO. 3.

This Conference is of opinion that the transfer of I. M. S. and I. M. D. officers to the civil side should be stopped at once, and I. M. S. and I. M. D. officers in civil employ should be made to revert to the military side.

RESOLUTION NO. 4.

This Conference is of opinion that the competitive examination for recruitment to the Indian Medical Service, which has been held in abeyance for the last fourteen years, should be revived early, that it should be held annually at a convenient centre in India, and that all entrants thereto must possess a qualification registrable in India.

RESOLUTION NO 5.

This Conference is of opinion that there should be no distinction between Indian and non-Indian officers of I. M. S. with regard to pay, overseas allowance, passage, and other concessions.

RESOLUTION NO. 6.

This Conference is of opinion that the appointments of Military Assistant Surgeons in the I. M. D. should be open to all Indians.

RESOLUTION NO. 7.

Whereas the medical departments in the provinces are transferred subjects, this Conference is of opinion that the Civil Medical Services in

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the province contemplated in the resolution above be placed under the control and direction of a Minister of Health who should preferably be a medical man.

RESOLUTION No. 8.

This Conference is of opinion that the recruitment to the W. M. S. be made largely from the Indian Medical women, and that proper provisions be made at an early date for giving facilities to Indian women to qualify for such posts.

RESOLUTION No. 9

This Conference is of opinion that energetic steps should be taken by Government, as well as by the various authorities in charge of public hospitals, to recruit Indian women on the nursing staff of hospitals.

RESOLUTION No. 10.

(*i*) This Conference condemns the policy of Government of locating the Central Medical Research Institute at Dehra Dun in spite of the unanimous protest of the independent medical profession throughout the country and urges Government to appoint a small committee including representatives of the medical profession and of the medical faculties of the Universities (*a*) to report on the most suitable University centre for locating the proposed Institute, and (*b*) to recommend the constitution of the Governing Body of the Indian Research Fund Association and of the Selection Board for recruitment in the Medical Research department.

(*ii*) This Conference further resolves that no steps be taken to give effect to the Fletcher Committee's recommendations unless and until the Committee already suggested has submitted its report.

(*iii*) This Conference emphatically protests against the reservation of appointments in the Medical Research departments for the members of the Indian Medical Service and requests the members of the Central Legislatures to move the Government of India to remove such reservation.

(*iv*) This Conference is of opinion that the Government of India should institute medical research fellowships in the different medical colleges and hospitals in India.

(*v*) This Conference recommends that no appointments in the Medical Research department or in the Central Medical Research Institute be made till the Selection Board for recruitment in the Indian Medical Research department or under the Indian Research Fund Association is constituted.

(*vi*) This Conference protests against the low scale of pay fixed for the Assistant Professors for the proposed Public Health Institute

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at Calcutta and urges Government to so fix the scale as to make the Assistant Professors real colleagues of the Professors.

RESOLUTION NO. 11.

This Conference recommends to the principals of medical colleges and the superintendents of hospitals in India to start, periodically, special postgraduate classes at reasonable fees for medical practitioners, or to give facilities to such practitioners to work in the laboratories and wards during the regular hours of instruction.

RESOLUTION NO. 12.

This Conference calls upon the members of the provincial legislatures to move the Councils of Medical Registration to have an elected non-official majority in them with an elected President.

RESOLUTION NO. 13.

This Conference expresses its gratitude to the members of the Indian Legislatures for taking interest in medical problems and those affecting the profession and more particularly for their refusal at the last session of the Assembly to sanction the appointment of the Commissioner of Medical Council, thus upholding the dignity of the Indian Universities and the Indian Medical graduates ; and requests them to continue taking the same interest in medical problems when they come up before the Legislatures for discussion.

RESOLUTION NO 14.

(*a*) This Conference recommends to the Government that an All India Medical Council be formed on the lines of the British Medical Council for the purpose of co-ordinating and developing medical studies in the different provinces and for registration of medical practitioners. The Conference regards it as essential that the constitution, powers and functions of the Council be determined by a committee on which shall be representatives of the Universities, medical institutions and non-official medical practitioners.

(*b*) That pending the creation of such a Council, this Conference recommends the necessity, as a temporary measure, of appointing immediately an All-India Medical Board consisting of representatives of Universities from their medical faculties—one from each such University—and two nominees of the Government of India for determining and supervising medical qualifications and standards in Indian Universities.

RESOLUTION NO. 15.

In case a satisfactory solution with regard to the recognition of Indian medical degrees by the General Medical Council is not arrived at, this

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Conference calls upon the Central and Provincial Governments and Legislatures to restrict the registration of British medical qualifications in India.

RESOLUTION No. 16.

This Conference condemns the recent attitude of the British Medical Council towards Indian medical degrees and is emphatically of opinion that the appointment of a Commissioner of medical qualifications and standards, as recommended by G. M. C., is not in consonance with the best interests of medical education in India.

RESOLUTION No. 17.

This Conference urges all medical practitioners to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances, etc. of Indian manufacture.

RESOLUTION No. 18.

This Conference urges upon the Government of India and Central Legislatures the immediate necessity of taking adequate steps to introduce measures for the licensing of chemists and druggists and for providing a suitable number of public analysts in all provinces.

RESOLUTION No. 19.

This Conference is of opinion that the laboratory or laboratories which are proposed to be established by the Government for testing the standardisation of drugs, sera, etc. should be located in the important provincial cities and not at Kasauli as proposed.

RESOLUTION No. 20.

This Conference is of opinion that grants be made from provincial revenues for instituting scholarships for post-graduate medical study and research abroad.

RESOLUTION No. 21.

This Conference urges upon the licensing bodies in India to take early steps to make five years the minimum period of study for the medical course.

RESOLUTION No. 22.

In view of the high rate of mortality and the excessive prevalence of preventible diseases throughout India, this Conference is of opinion that statutory provisions be made in the Acts for adequate representation of medical men on the local bodies, district boards, municipalities and legislatures.

RESOLUTION No. 23.

This Conference is emphatically of opinion that in all matters relating to medical education, administration and public health brought before the legislature, the Indian Medical Association should be consulted.

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RESOLUTION NO. 24.

This Conference is of opinion that in order to secure proper medical aid in rural areas suitable subsidies be granted to medical practitioners to encourage them to settle in practice in these areas on a panel system.

RESOLUTION NO. 25.

This Conference desires to point out to the authorities that the present system of allowing all persons without discrimination to obtain medical aid in spite of restricted accommodation in the hopitals gives facilities to the rich and keeps out the poor and deserving patients.

RESOLUTION NO 26.

This Conference urges upon the legislatures the immediate need of taking steps towards the early introduction of measures for Health Insurance on a panel system.

RESOLUTION NO. 27.

With a view to provide facilities for post-graduate training and research, this Conference urges upon the Government and the local bodies the immediate necessity of allowing private medical practitioners opportunities and facilities for working in all the hospitals, and that the staff of these hospitals should no longer be kept reserved for the Medical services.

RESOLUTION NO. 28.

This Confrence is of opinion that steps be taken for proper representation of independent medical practitioners on the Senate of the Univirsities.

RESOLUTION NO. 29.

This Conference resolves that the Bill proposed to be introduced by the Honble Dr. Rama Rao in the Council of State be referred to the Central Executive Committee of the Indian Medical Association for disposal and requests Dr. Rama Rao to withdraw the introduction till the said Central Executive Committee has deliberated on the different clauses of the Bill.

RESOLUTION NO. 30.

This Conference places on record its protest against the preferential treatment accorded to the European I. M. S. officers by the Indian Government, as against Indian temporary I. M. S. officers in matters relating to pay and gratuity.

RESOLUTION NO. 31.

That the rules and regulations of the All India Medical Association drafted by the Central Executive Committee be adopted with the

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exceptions of clauses 11 and 29 referring to the amount of subscription and distribution of funds, and these two questions be referred back to the Central Executive Committee for reconsideration and decision in consultation with the provincial branches.

RESOLUTION No. 32.

Resolved that the name of the All India Medical Association be changed to THE INDIAN MEDICAL ASSOCIATION with the head office at Calcutta.

RESOLUTION No. 33.

This Conference resolves that the following office-bearers of the Indian Medical Association be elected for the next term.

PRESIDENT :

Dr. Bidhan Chandra Roy.

VICE-PRESIDENTS :

(1) Col. Bhola Nath, I.M.S.
(2) Sir Nilratan Sircar,
(3) Sir N. Chokesey,
(4) Dr. Jivraj Mehta,
(5) Khan Bahadur Dr. Wali Ahmed.
(6) Col. C. R. Bakhle, I.M.S.,
(7) Dr. C H. Primlani,
(8) Hon'ble Dr. Rama Rau,

TREASURER :

Dr. Jotindra Nath Maitra.

HONY. JT.-SECRETARIES :

Dr. D. D. Sathaye. | Dr. Aghorenath Ghosh.
Dr. Kumud S. Ray.

RESOLUTION No. 34.

This Conference places on record its gratitude for the valuable services rendered to the Association by Dr. G. V. Deshmukh during the tenure of his office as president of the Association.

RESOLUTION No. 35.

This Conference places on record its gratitude to the members of the Reception Committee and of the medical practitioners of the Punjab for enabling the Association to hold the Conference so successfully in the face of great difficulties and offers its thanks to the members of the medical profession of the Punjab for the warm welcome accorded to the delegates and the attention given to them.

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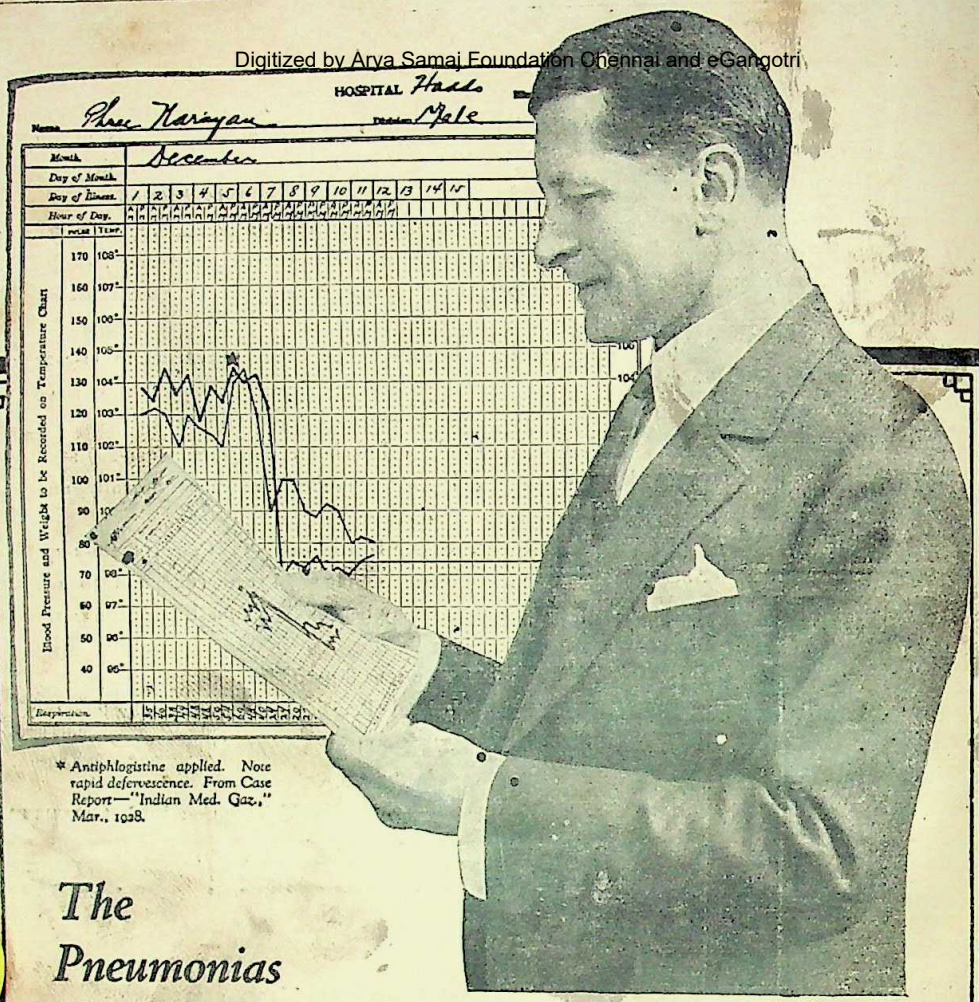

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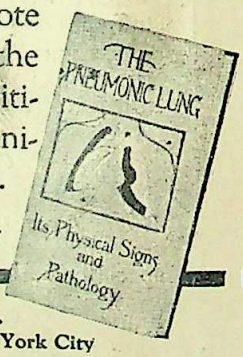

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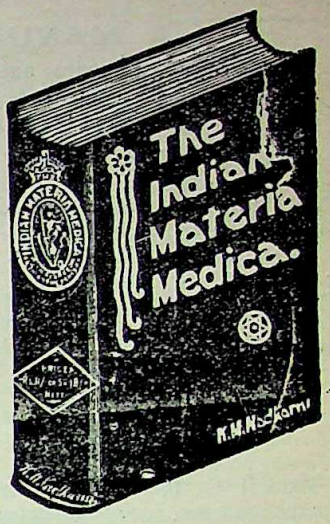

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* Translated from the original Marathi by Ayurvedacharya Pandurang Hari Deshpande, Baizpur, E. K.

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This knowledge of the details of properties of substances has brought ease and accuracy in Treatment.

Such description of the medical properties of various substances is abundant in Ayurveda, but it has been alleged that it is not as clear as it ought to be, and an impartial judge should think so. It should, however, be noted that if these properties are tried to be understood with the help of the particular Ayurvedic Terminology, one can easily understand these properties without any ambiguity. It must undoubtedly be admitted that more detailed description of substances and their properties should have been given. But the oriental mode of description is altogether different from that of the present occidental one with which the modern educated people are acquainted. Not only is it without details but it is very terse which has led to various intricacies and ambiguities and at times even came to be regarded as unscientific. The fundamental principles of Ayurveda—Tridoshas—not having been fully realised, it is afloat that the systems of Diagnosis, Anatomy, Physiology, etc., based upon the same principles are also taken to be 'unscientific'. Similarly, the terminology of the science of Ayurvedic Therapeutics not having been fully understood, it is wrongly stated that the properties of substances are based on mere conjectures. This wrong notion has led to negligence of study and disrespect for the Science. The so-called learned and diplomed scientists have been believing that whatever is western is best and acceptable and whatever native is worst and rejectable, and have, therefore, been systematically advising people not to believe in the Oriental Sciences. These so-called rational scientists, while exhorting people against blind faith put in the ancient, have been doing the same thing regarding the new form, when they themselves believe in the new sciences. In one word, it should be said that instead of abandoning the Ayurvedic Therapeutics because it is not understood, it is more advisable to get acquainted with

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its Terminology to understand it. Fortunately for us, the westernised vision is now-a-days being replaced by the proper one.

At the outset, it is queried as to by what means these medical properties have been arrived at? At present, new researches are daily going on and with their help analysis of the main elementes of substances has been made and their relation to each other and action upon the human body are ascertained. Was this the ancient system? It does not seem to be so from the available literature, and, if not, naturally then it is asked as to how did Ayurveda arrive at the properties of substances? If this query is not satisfactorily answered, one would hesitate to believe in these properties. Somebody may try to answer this query that the ancient sages clinically experimented upon various substances and noted down the results. Most educated people are accustomed to give this answer. But if minutely thought over, this is not satisfactory. For, if thousands of substances produced in different parts of the world are to be used by their different parts in different diseases and their different stages, by themselves as well as in different mixtures and in their different preparations, such thousands of their accurate properties that are given should not have come to the experience of the ancient physician and there would have been no possibility of a detailed description of them. Even at the climax of human intelligence by which other branches of the Medical Science have at present been developed, it is well nigh an impossibility or at least super-human to arrive at such an experience. Besides, if anybody goes to take clinical experience of a particular substance, is it ever possible to take it at random and then follow the well-known proverb

यस्य कस्य तरोर्भूलं येन केनापि निश्चितम्।
यस्मै कस्मै प्रदातव्यं यद्वा तद्वा भविष्यति ॥ ६ ॥

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Whatever my be the times, it is credible to say that thousands of philanthrophists would be ready to sacrifice their own lives for the sake of human welfare. Such a statement may at best find its place in a myth. Thus the Experiment Theory is baseless—untenable. Even experience must be well-founded by some logical and theoretical guiding principle, and the same must be well considered.

Another answer to the above question is that the ancient sages were omnicient and could realize wholly all the creation by the power of their extra-ordinary penance. These sages with their intuition noted down the properties of substances. But this answer is not sufficient to stand to reason and no one would believe in it unless one is over-credulous. Besides, it can be asked, why is not this intuition in the know of even the underlying principles by which the medical properties should have been fixed ? So then the question of the underlying principle remains unsolved, and the viewpoint by which the ancients tried to arrive at these properties must be thought over. While thinking, however, if it be found that their exposition consistently follows some underlying principle and the same can be brought into practice, it will be wrong to call it unscientific or incorrect. Such a sympathetic attitude is essential for an examination of their views.

We do not know in days of yore with whose advice or instigation man or the society began to use substances and how was their consumption developed ; even though this may be an interesting study, this subject mainly concerns with the researches of antiquity. One can conjecture so far, that intensity of appetite might have been the first instigator and then imitation, gestures, inferences, etc. may have added to the already existing number of articles of consumption. Thus the usages of substances were initiated by a natural tendency and on seeing good or bad effects, the curious scientists exerted

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in the ascertainment of their accuracy. Soon after they began these efforts, they observed a sort of affinity between the human body and other created things. They came to know that particles of the human body and that of the universal matter were homogeneous. First, they found out similarity in the human and other animal bodies, then in human bodies and the vegetable creation, whereupon they tried to improve upon their usages. At the beginning, blood and flesh of other animals were brought into use for the bodily growth, because of their similarity with the human blood and flesh, but in course of time, they could easily understand that this blood and flesh were produced from the vegetable diet, whereafter these herbs and vegetables came into use. This usage was afterwards seen manifold and naturally classification came into existence. Some substances were seen producing diseases and some curing them, and some were seen of daily consumption and harmless, and with this experience three main classes of substances were formed, *viz.*, (1) daily consumable, (2) disease-producing, and (3) disease-curing. These three classes are styled as *Swasthahita* or wholsome to the healthy, *Kopana i.e.*, disease-producing, and *Shamana*, *i.e.*, disease-curing. The first are to be used in healthy condition, the second produce disharmony in the main active powers of the body, and the third bring harmony into them. This classification was further developed and more detailed results were seen as to the usages of these substances, such as in different healths, secondly producing different diseases, and thirdly curing different diseases. Not only this, but, on considering the system of natural growth and development of herbs, they came to know that minerals from inside the interior of the soil were the direct cause of their growth and development, and naturally, they began to replace minerals for vegetables. Thus, animals, animal-matter, herbs and vegetables, and minerals, e.g. iron etc., were freely brought into medicinal use.

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The above would clearly indicate that the guiding principle of all these experimental efforts was the "Similarity of the human body with the universal creation in its different parts." Some substance may be analogous with the particular substance of some part of the human body ; some may be resembling in construction ; some may have similar bodily functions ; or some may be having the same kind of actions. But one or more amongst these, *viz*, mould, properties, actions, bodily functions, or the original components were noted as the guiding principle for usage.

After having ascertained the relation of the human body with the universal matter at large, researchers began to consider as to how and in what process actions of these substances were experienced. So also, amongst innumerable substances, a classification was necessary according to their actions upon the body and the same was fixed as also inferences based upon them This process or the arrangement is styled in Ayurveda as the 'Knowledge of Rasa, Veerya, Vipaka and Prabhava".

Among the substances, more consumed are in the form of eatables. But there are other forms also of their usage, such as enunction, application of plasters, poultice, fumigation, touching, fomentation, enema, nasal administration, etc. The important amongst these is, however, the first, as substances having been eaten and properly digested by the digestive juices, the fluid (chyle) produced from them is assimilated with the blood and thereby helped to the growth or otherwise of the body cells. The description of substances has been given in accordance with this order and the same is found to be quite right.

RASA

(*i.e.*, the first perceptible taste of a substance after it is relished),

Among innumerable substances, every one is sure to be perceived by one or more of six main ways. This

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perception by the tongue is styled 'Rasa'. Only these six kinds are always perceptible and, therefore, only six Rasas have been mentioned as seen in various substances. They are :—(1) Madhura (sweet), (2) Amla (sour), (3) Lavana (salt), (4) Tikta (bitter), (5) Katu (pungent), and (6) Kashaya (astringent). Every substance possesses one or more of them in more or less degree or all in a mixed form. But that which is clearly perceived is more present. Such ones can be enumerated six only, and, therefore, Rasas have been given as six only, thus—

रसाः स्वाद्वम्ल लवण तिक्तोषण कषायकाः ।

.....मधुराः । (चरकः)

This particular class of substances as settled from 'Rasa' gives separate properties, which can, therefore, be separately grouped as "Rasanumeya" (inferable from 'Rasa').

Vipaka.

After the tongue has perceived in this way some natural relish of the substance and on having chewed it, the substance is swallowed and allowed for digestive action in the stomach and intestines. Thereafter having been acted upon by the digestive juices, it is apt to undergo a transformation. Some substances retain their original taste, others do not, and those which do not, seem to show actions different from those of "Rasanumeya", and then this another perception just as that received by the tongue is also required to be taken into consideration. This another kind is styled "Vipaka". It is divided into three, *viz.*, (1) Madhura (sweet), Amla (sour), and (3) Katu (pungent).

Veerya.

The substance having undergone this second change on being digested turns into a juice (chyle) and the same, being assimilated with the blood, (or the Rasa Dhatu as per Ayurvedic Terminology) is spread up in the whole

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body. This juice (chyle) on having assimilated with the Rasa Dahtu (blood) produces either a heating or a cooling sensation by its own power and creates a corresponding action on the body. This whole-bodily effect of the Rasa Dhatu is styled "Veerya" or energy of the substance. It is divided into two, hot and cold. These two are also sub-divided into three each, which will be considered later on.

Prabhava.

While the substance undergoes this third change and effects a cold or hot action, there is seen a certain effect, wholesome or otherwise, on some particular part of the body in some particular way. This is styled "Prabhava" (Special power of actions.) Of course, these actions are innumerable.

In this way every substance undergoes these four stages which are minutely observed and their properties are fixed. This is what is known as "Rasadivijnanam" in Ayurveda, or "Dravyaguna-Shastram" or 'Therapeutics" in common parlance. Every substance having been fully ascertained by these four stages, *viz.*, (1) inferences arrived at from the perception by the organ of taste and its local action (Rasa-Vijnanam), (2) inferences of the properties from Vipaka at the time of digestion. and its local action (Vipaka-Vijnanam), (3) inferences of properties from "Veerya" or the whole-bodily action (Veerya-Vijnanam), and (4) "Prabhava" or special action (uninferable, gives a thorough knowledge of its properties such as will enable us to safely use it on the body. These are the principles which Ayurveda follows in ascertaining the properties of its medical substances.

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

(Continued from our last issue)

——:o:——

Three special "Granthies" (Knots) are specially mentioned to be of great importance in "Yoga". These are situated and named as follows :—

(*a*) Rudra-Granthi is situated at the " Traipur Chakra " (triangular ganglia, ganglia Impar) associated with the "Muladhar Chakra" (Pelvic plexus). Here the "Pingala" fibres are the most powerful.

(*b*) Vishnu Granthi is situated at the "Trikone" (triangular) Chakra associated with the "Anahata" or superficial cardiac plexus. Here the "Sushamna" fibres are the most powerful.

(*c*) Brahma-Granthi is situated at the "Agna chakra" (Ganglia of Ribes). Here the "Ida" fibres are the most powerful.

The three knots are untied by three kinds of yogic exercises as follows —

Rudra Granthi by Hata-Yoga.
Vishnu Granthi by Pranayam.
Brahma Granthi by Raj Yoga.

Untying of any one of these knots rouses the latent "kundalini" (sleeping). The two lateral chains (Ida and Pingala), reachaing the level of the neck (vishuddha chakra or superior cervical ganglia), each divides into two branches (after entering the carotid canal), the outer forming the carotid and the inner the cavernous plexus (Lalana chakra).

These, says Hindu anatomy, re-unite at the floor of the 4th ventricle at the medulla oblongata known as the "Brahma-dwara" from where they proceed further into the brain (which will be described while discussing the minute structures of the Brain).

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According to modern Anatomy, the fibres from two lateral sympathetic chains after forming the carotid and cavernous plexus, the terminal branches from both plexuses, supply various fibres to the different cranial nerves (These we have already studied in connection with cranial Nerves) and the various ganglia situated inside the Brain (to be discussed later on) pass with the internal carotid artery on each side into the two anterior communicating arteries forming the ganlia of Ribes (Agna chakra).

The Hindu description is that from the floor of the 4th ventricle (after forming Sajous's sympathetic centre in medulla), the fibres from Ida, Pingala and Sushamna proceed to the Agna-chakra.

From the Agna Chakra the fibres of "Ida and Pingala" are distributed to the inside of the nose.

Physiology of the Ida, Pingala and Sushamna.

The Hindus believed like modern Scientists that "the human body is the micro-cosm, which corresponds to the macro-cosm and contained in itself all parts of visible universe".

Thus the cephalic extremity of the sympathetic is known as the "Chandra Mondal", literally Lunar plexus, situated at the Basal Ganglia of the Brain where is located the cooling centre (the Heat regulating and Heat losing centres of modern medicine).

Similary the candal extremity of the sympathetic is known as the "Surjya mondal" or solar plexus situated in the abdomen. This little brain is supposed to be the heat producing centre (Jatharagni), denied in modern medicine, which locates this centre in the brain also.

Louis Kuhne's "bath treatment" is directed to cool the solar plexus in the abdomen.

The Hindus believed that for every lower subtle centre connected with the spinal cord, there is a corresponding higher centre in the Brain, e. g.,

The lower spinal sex centre versus the higher Psychical sex centre in the Brain.

The lower heat-producing centre in the solar plexus versus the higher heat-producing centre at the Basal Ganglia of the Brain and so forth.

The "Ida" fibres are cooling and anabolic, the "Pingala" fibres heating and katabolic (This is denied in modern medicine).

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According to the ancient Hindus, the "Ida" corresponds to the Para-sympathetic and the 'Pingala" to sympathetic. The "Sushamna" contains both kinds of fibres.

The "Ida" fibres of the autonymic system and the "Ida" fibres of the "Sushamna" take their origin from the "Chandra mondal" and the fibres are thus centrifugal. Similarly the "Pingala" fibres of the autonymic system as well as of the "Sushamna" take their origin from the "Surjya mondal" and the fibres are thus centripetal. The "Ida" fibres are therefore efferent and the "Pingala" fibres afferent.

The "Ida" fibres, says the ancient Hindus, contain the force of the moon (cooling, anabolic, the force of "Kapha" of Ayurved). The "Pingala" fibres contain the force of the sun (heating, katabolic, the force of "Pitta" of Ayurved). The "Sushamna" contains both the fibres. It regulates both "Ida and Pingala". Its force corresponds to the force of "Vayu" of Ayurved.

The "Ida fibres" are inhibitory and the "Pingala" acceleratory to the organs.

According to Gaskel, acceleratory fibres are katabolic and inhibitory fibres are anabolic. The sympathetic fibres are katabolic and the para-sympathetic are anabolic.

Recent researches however show that both the sympathetic and Para-sympathetic contain both kinds of fibres.

As a vegetative end-organ contains both sympathetic and para-sympathetic fibres, it is typically and completely ennervated and is finely and delicately balanced as to its function as follows :—

Sympathetic stimulating fibre
" depressing "
Para-sympathetic stimulating fibre
" depressing "

This is just the Ayurvedic idea. The finely balanced action may be upset by

Kapha or para-sympathetic stimulation
Kapha or para-sympathetic depression
Pitta or sympathetic stimulation
Pitta or sympathetic depression, inducing disease.

Hence in modern anatomy, the sympathetic nervous system is called the autonymic nervous system or the vegetative apparatus of the body.

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The Chakras.

Hindu Anatomy had described two groups of "chakras" or plexuses of nerves, associated with or without ganglias.

(*a*) Spino-sympathetic chakras outside the Brain.

(*b*) Chakras in the Brain.

(*a*) *The spino-sympathetic chakras.*

These are sub-divided into :—

(*a*) Subtle chakras inside the Sushamna

(*b*) Gross chakras outside the Sushamna further subdivided into :—

(i) Spinal chakras or plexuses without ganglia

(ii) Sympathetic chakras with ganglia.

Regarding the subtle chakras inside the spinal column, "Advaita Martanda" by Brahmansuda Swani (quoted by Woodroffe, in his "Serpent Power") gives a very long list of chakras inside the Sushamna.

Modern anatomy has described the following subtle centres inside the spinal cord as follows :—

(*a*) The ciliary-spinal centre, which controls dilatation of the pupil, is located in the lower cervical region.

(*b*) The subsidiary vaso-motor centres are scattered throughout the spinal cord, though the chief vaso-motor centre is situated in the medulla.

(*c*) Centres for involuntary visceral muscles are situated in different localities of the spinal cord, controlling the actions of organic muscles, which produce various kinds of organic actions.

Particular study has been made of those centres in the pelvic region, where are located the centres for defoecation, urination, ejection and gestation.

The Sata-Chakras.

Of these various spino-sympathetic chakras, six important gangliated and non-gangliated chakras are particularly described and known as the "Sata-Chakras", associated with each region in which the body is anatomically divided, *e.g.*, head, neck, chest, upper abdomen and pelvis.

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Region of the body.	*Name of the Chakra.*
Head	Agna-Chakra
Neck	Vishuddha Chakra
Chest	Anahata „
Abdomen	Manipur „
Upper pelvis	Svadhisthan „
Lower pelvis	Muladhar

These chakras have been variously identified by modern writers on the subject.

(i) Prof. B. N. Seal considers them as spinal plexuses as follows :—

Muladhar chakra	Sacro-coccygeal plexus
Svadhisthan „	Sacral plexus
Manipur „	Lumbar plexus
Anahata „	Cardiac plexus
Vishuddha „	Junction of spinal cord with Medulla
Bharati „	Cerebellum.

(ii) Dr. Rele considers them as outlying gangliated plexuses connected with the autonymic nervous system as follows :—

Muladhar Chakra	Pelvic plexus
Swadhisthan „	Superior hypogastric plexus.
Manipur „	Solar plexus.
Anahata „	Superficial cardiac plexus.
Vishuddha „	Pharyngeal plexus.
Agna	Naso-ciliary extension of the cavernous plexus.

(iii) Sir John Woodroffe considers them as subt e centres inside the spine.

(iv) The Revd. Leadbeater states that these chakras are both subtle and gross centres, associated with the spinal cord and the sympathetic as follows :—

Name of Chakra.	*Region of spinal cord where located.*	*Sympathetic chakras.*
Muladhar opposite	4th sacral vertebrae	Coccygeal
„ „	1st Lumbar „	„ „
Manipur	8th thoracic „	Solar or cardiac
Anahata	8th cervical „	Cardiac
Vishuddha	3rd cervical „	Pharyngeal
Agna	1st cervical „	Carotid

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(*v*) *The writer's identification.*

The chakras are both "*Sthula*" (gross) and "*Sukshma*" (Subtle). The gross ones are of two kinds: (a) associated with the spinal nerves without ganglia and (b) associated with the sympathetic with ganglia. The subtle ones are situated in the spinal cord. The same name is used to denote all these three kinds of chakras, belonging to the different regions of the body as follows :—

Name.	*Region of body.*	*Subtle chakra.*	*Gross Sympathetic.*	*Gross spinal.*
Muladhar.	Lower pelvis & Lower extremity.	3rd sacral.	Pelvic plexus.	Sacrococcygeal.
Svadhisthan.	Pelvis proper.	5th Lumbar.	Superior Hypogastric.	Sacral.
Manipur.	Abdomen.	8th Thoracic	Solar.	Lumbar.
Anahata.	Chest and upper extremity.	8th cervical.	Superficial cardiac.	Bronchial.
Vishuddha.	Neck	3rd ,,	Superior cervical Ganglia.	Cervical.
Agna.	Head.	Cerebellum.	Ganlia of Ribes.	

The location, identification and distribution of the Nerves and the chakras differ according to the authorities consulted by the different writers.

The Ganglias associated with the Sympathetic in modern Anatomy.

(*a*) Vertebral or lateral ganglias in the sympathetic chain.

(*b*) Pre-vertebral or outlying ganglias which may be subdivided into :—

(i) Collateral outside organs,

(ii) Terminal inside organs e. g., Auerbach's plexus, Meissner's plexus, and,

(*c*) Cerebral—anatomically related to cranial nerves and physiologically to structures inside cranium, e. g., sphenopalatine, otic, sub-maxillary, etc.

Gross Ganglia associated with Spinal Nerves.

Each spinal ganglia is associated with the posterior root of a spinal nerve, not mentioned by the ancient Hindus.

General arrangement of a Ganglia.

At each ganglia there is a synapse. The pre-ganglionic fibres end in the ganglionic cells from which fresh post-ganglionic fibres arise.

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Functions of the chakras.

According to Gaskel, the vertebral or lateral chain of ganglias are mainly katabolic, while the pre-vertebral or outlying ones are mainly anabolic.

The "Shakti" (force) of a chakra, says Dr. Rele, is efferent para-sympathetic, controlling the activity of a sympathetic plexus.

The "chakras", says Sir John Woodroffe, are centres of "Shakti" (vital energy) or static life-force. These reservoirs of potential energy are converted to dynamic, when the "chakra" acts. The "chakras" are all inside the spine.

"Chakras", says the Revd. Mr. Leadbeater are force-centres or points of connection between the microcosm (human body) and the macrocosm (world at large). All these are continually rotating and absorbing energy from the macrocosm, without which the physical body cannot exist. In the under-developed ordinary man, the movement of the chakras are sluggish, while in the highly developed, the chakras are throbbing and pulsating with vigour and thus there are additional faculties and possibilities (as in yogies).

The explanations of the last two writers are more or less vague and inclined to be metaphysical. The physiological explanations are as follows :—

(*a*) The subtle centres in the spine regulate reflex action. They are the local governors of the different regions of the body, controlled by each segment of the cord.

(*b*) The gross sympathetic ganglias are like so many district officers, who are autonymic in ordinary local matters, but in higher and more important matters, which are referred to the spinal cord, order is communicated to them.

(*c*) The gross spinal chakras act and react against our environments, benign forces being assorted and malignant ones repelled. They are like the foreign departments directly under the Viceroy or the cerebro-spinal subtle centres. Their function is represented by the "Vyan-Vayu" of Ayurveda.

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Hindu Names of spinal chakras.	*Location.*	*Names of force of each chakra.*
Prithivi chakras in	Muladhar	Dakini
Jala chakra „	Svadhisthan	Rakini
Teja chakra „	Manipur	Lakini
Vayu chakra „	Anahata	Kakini
Akash chakra „	Vishuddha	Sakini
Manas chakra „	Agna	Hakini
Sahasrar „ „	Brain	Yakshini

The last two are cerebral chakras.

They also supply nerves to the following regions of the body :—

Dakini acts on lower pelvis and lower extremities (Prithvi).

Rakini	„	Pelvis	(Jala)
Lakini	„	Abdomen	(Teja)
Kakini	„	Chest	(Vayu)
Sakini	„	Neck	(Ether)
Hakini	„	Head	(Moon)

Thus the sammohan Tantra says that the forces Dakini etc. are the Shakties (forces) which regulate the "Dhatus" (tissues) in those parts of the body where they are located.

These forces are different manifestations of the dynamic "Kundalini" force in our body called the "Vyan Vayu" of Ayurveda which reacts against our environments as follows :—

Dakini acts and reacts against		Earth
Rakini	„	Water
Lakini	„	Fire
Kakini	„	Air
Sakini	„	Ether
Hakini	„	Celestial bodies (sun, moon etc.)
Yaskhini	„	Soul.

The first five forces "Dakini etc., act on the physical plane, the "Hakini" on the mental plane and the "Yaskhini" on the higher spiritual plane.

Dhyanvindu Upanishad considers the "Bija" (force) of the "Adhar-chakra" (Prithivi chakra) in "Muladhar" as "Vyan-Vayu" of Ayurveda.

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Sympathetic chakras.		*Names of force.*
Muladhar,	Pelvic plexus	Apan Vayu
Svadhisthan,	Superior Hypogastric plexus	
Manipur,	Solar plexus	Saman Vayu
Anahata,	Superficial cardic plexus	Pran Vayu
Vishuddha	Superior cervical Ganglia	Udan Vayu
Agna	Ganglia of Ribes	Maha Vayu

The action of the various Vayus.

Vyan Vayu—reacts against our environments and is cerebro-spinal force.

Apan Vayu—is concerned in the process of urination, defœcation, gestation, erection and ejection.

Saman Vayu—is concerned with katabolism and digestion of food material.

Pran Vayu—is concerned with respiration and heart's action.

Udan Vayu—is concerned with speech, deglutition, etc.

Maha Vayu—is the force of the higher brain centres, the lower centres of which are situated as subtle centres inside the Sushumna.

The ancient Hindus believed that each lower centre in the Sushamna has a corresponding higher centre in the brain, like the modern west, *e.g.*, lower sex centre in cord, higher Psychic sex centre in Brain (kama-kala triangle).

Lower Heat-regulating centre in abdomen	Higher heat-regulating centre in corpus striatum.
Lower vaso-motor centres in spinal cord	Higher vaso-motor centre in the floor of 4th Ventricle.

Petals of the Chakras (Sympathetic)

Each Chakra has got different number of petals, from each of which, says Sir John, issues a nerve branch (of communication or of distribution) as follows :—

Mula-chakra—4 petals, as follows :—

Inferior Haemorrhoidal plexus to lower rectum and Anus.
Vesical plexus—to bladder
Prostatic plexus—to prostate
Vâgino-uterine plexus—to sex glands.

(*To be continued*).

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SNAKE VENOMS :

THEIR THERAPEUTIC USES AND POSSIBILITIES

BY

F. W. FITZSIMONS, F.Z.S., F.R.M.S.,

(*Director of the Port Elizabeth Museum.*)

Snake venoms consist of solutions of modified proteins in variable proportions, some fatty matter and chlorides, phosphates of lime, ammonia and magnesia. But the toxic and other principles which lie in the proteins can only be partially separated and isolated. The more they are studied the more complex they are shewn to be. The toxic properties of all venoms are lowered or destroyed by heat, but not equally so.

The venoms of most of the Cobras, and that of the Sea snakes, remain uninjured at a temperature of 100° C, and they even resist boiling for a short time. When heated to above 100° C, or to prolonged boiling, the venom soon loses all its toxic properties.

The venoms of the Viper or Adder species of snakes are not so resistant. When heated 70° C, their toxic powers diminish, and they are entirely destroyed at 80° to 85° C. Some of the Viperine venoms are even more sensitive to heat.

Liquid venoms are altered and their toxic properties changed and lowered by influence of light, but desiccated venoms are not so affected.

The venom of one species of snake differs from that of another, both in its toxic properties and in the amount of the minimum lethal dose.

Venom, when drawn from the living snake, is slightly acid, due to the presence of a volatile oil which evaporates when the venom is dried.

The object of the oil is to cause smarting and extra-rapid absorption by the tissues of the victim. Dry venoms, when re-dissolved and injected into an animal, do not smart and absorption is slower.

Venoms are not of uniform toxicity all the year round.

When fasting, the poison of snakes becomes increasingly toxic, and less fluid, and it reaches the maximum of toxicity during the hybernating season.

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The water content fluctuates from 60 to 80 per cent.; and the yield of dry venom, at different times of the year from the venom of the same snake, varies from 20 to 40 per cent.

Venoms are far from being simple solutions of a few animal poisons.

There are two outstanding types of snake poisons, viz.: Neurotoxins and Hæmorrhagins.

Neurotoxins, when injected subcutaneously into the human subject in non-lethal doses, reduce nervous activity and diminish reflex response.

Certain groups of nerve cells in the medulla exhibit a special susceptibility to its action. The reflex excitability of the medulla, for instance, can be controlled by non-lethal doses of neurotoxins, and at the same time the nerve centres in that organ which control respiration are not affected. But when a lethal injection is given, these latter centres are affected, and respiration ceases; but curious as it may seem, the heart is stimulated and goes on beating after the lungs have collapsed. So strong is this tonic action that the heart can be kept alive for hours if artificial respiration be maintained.

Sir Lauder Brunton, Sir J. Fayrer, Major Elliott have shewn that cobra venoms, even in dilutions of one in ten million, give increased tone to the muscles of the heart and arteries.

It has also been definitely ascertained that cobra venoms cause a rise of blood pressure.

All these pathological effects vary both in intensity and in their nature according to :

(1) the size and frequency of the non-lethal dose of venom,

(2) the blending of neurotoxins from different species of cobras, and

(3) modifying the properties of venoms by heat and chemical agents.

A lethal dose of venom, which contains neurotoxin in excess, rapidly induces coma and collapse of the lungs. The Cobra and Mamba are typical examples of snakes whose venoms are highly neurotoxic in their effects on animal life.

Hæmorrhagings, as its name implies, is a blood poison, the primary action of which is upon the elements of the blood and the blood vessels. In a lesser degree, these venoms depress the various nerve centres and nerve endings, and cause a fall in blood pressure. In carefully graded doses they produce

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beneficial sedative effects upon irritable nerve centres ; and at the same time a tonic action both mentally and physically, which seems to be maintained.

The continued sub-cutaneous injection of carefully attenuated venoms of any kind over a long period of time does not cause harmful after-effects or unpleasant re-actions, as is the case with nerve depressant drugs of mineral and vegetable origin.

Hæmorrhagins are dominant in adder and viper venoms as well as in some of the Colubrine snakes, but they, too, differ quite widely in their pathological effects on the vascular and nervous systems.

There are many other species of snakes, the venoms of which vary considerably from those of both the true cobras and adders, when introduced into the bodies of animals. The Boomslang is an outstanding example.

The pathological effects in Man of the venoms of the Viperine snakes also differ in accordance with the nature and quantity of venom which has been injected. For instence, twice a lethal dose of Puff Adder venom will cause death in the human subject with the minimum of œdema and hæmolysis. This is owing to there being sufficient neurotoxin in the venom to produce rapid death.

On the contrary, should a lesser, but nevertheless, fatal dose of the venom be given, extensive œdema, hæmolysis and discoloration will occur which is primarily due to the action of the hæmorrhagins in the venom.

There are numbers of poisonous drugs prescribed in medical practice which, in medicinal doses, produce certain tonic and other beneficial effects ; and such is the case with snake venoms. Luminal and Veronal, for instance, given in proper doses, are valuable drugs ; but in excess they are poisons.

The injections of varying non-lethal doses of snake venoms into the human body *do not merely produce a protein reaction.* Their effects are very far-reaching, and the results of these we have now been able to control and direct by :

(1) Regulating the dosage.
(2) Careful blending of the venoms.
(3) Elimination of the undesirable constituents of the venoms.
(4) The modification of the toxic properties of the venoms.

The venoms of the different species of snakes have a great many more constituents than have been found by chemical

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examination. They are definitely known to contain one or more of the following :

(1) An antifibrin ferment.
(2) A very strong fibrin ferment.
(3) A proteolytic ferment.
(4) Cytolysins of various kinds which are capable of acting upon the phagosites, red corpuscles, endothelial cells, nerve cells, the medulla, etc. The nature of the influence of these Cytolysins is determined by the dose of venom injected.
(5) Agglutinin, which influences the red blood corpuscles, etc.
(6) An anti-bactericidal body in the nature of anti-complements.
(7) Neurotoxins with affinities for nerve endings in the muscles, nerve cells, nerve centres, especially those in the medulla.
(8) Agents which greatly increase tone to the cardiac muscle, and the muscles of the walls of the arteries. These tonic effects can be controlled and regulated by the right blending of venoms under proper administration.

Properties which

(*a*) Raise the blood pressure, viz., Neurotoxins.
(*b*) Lower the blood pressure, viz., Hæmorrhagins.
(*c*) Increase the fibrin content of the blood.
(*d*) Alter the rate of coagulation of the blood.
(*e*) Materially increase the number of phagosites and red blood corpuseles.

No venom, however, is known to possess all the above properties ; and the wide range of symptoms and effects produced in Man after being bitten by a snake are due to this cause, and also to the varying quantities of venom introduced into his body.

Apart from their established use in the production of anti-venom sera for the treatment of snake bite: the poisons of snakes have other uses and possibilities. For instance :

As far back as October, 1908, Dr. John Turner published an article in the "Journal of Mental Sciences," London, shewing that the average rate of coagulability of the blood is greater than normal in Epileptics, and that the rate is quickened some hours before and during a seizure, and for as long as 24 hours afterwards. That for 24 to 48 hours after a fit there is a distinct retardation of the rate of blood coagulation.

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Dr. William Alden Turner, in his Morrison Lectures of 1910, claimed to have attained the same result.

Dr. Ralph H. Spangler also studied the rate of coagulability of the blood in 18 cases of epilepsy with the aid of Bogg's Coagulometer, with results similar to those of Turner's.

Experimenting with a snake venom rich in hæmorrhagins, Spangler found that, after six months' treatment on Epileptics, he was able to increase the time of blood coagulation from three to six minutes. This discovery is significant, considering the fact that the normal period of coagulation of the blood is about seven minutes.

An epileptic in Texas was bitten by a snake of the adder family and not having received a lethal dose, recovered, and was afterwards free from epileptic seizures ; and the freedom from the former attacks became permanent. The authenticity of this case was established by Dr. Self, of Clarith, and the fact was brought to the notice of Dr. Spangler, who subsequently used the crude venom of the same species of snake on people suffering from epilepsy. The results he obtained, even with this crude untreated venom, were highly gratifying.

A report in detail was published by Spangler in the "New York Medical Journal" of September 3rd, 1910, of eleven cases of epilepsy so treated. Of this number he was able to keep six in continuous observation. He reports briefly of this course of venom treatment extending over periods varying from six to fifteen months, according to the nature of each case as follows :

Case 1.—Major attacks at frequent intervals. Recovery under venom treatment complete.

Case 2.—Patient had two to five major attacks weekly for 14 years. Not been able to work for six years. Under venom treatment fits were reduced to one every three to four months. Works regularly at his employment.

Case 3.—Had fits for eight years. Under venom treatment completely recovered.

Case 4.—Fits for four years. Under venom treatment seizures disappeared and did not return.

Case 5.- Had fits for six years. Under venom treatment fits died out and did not return.

Case 6.—Had fits for ten years. Under venom treatment fits ceased and have not returned.

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Again, on September 14th, 1912, in the "New York Medical Journal," Dr. Spangler reported a further eight cases, giving, as before, the full data of "Previous personal history," "Epileptic history," "Nature of attacks" and "Effects of the venom treatment." The report is too long for full publication, but the results, in brief are as follows :

Case 1.—One fit monthly for six years ; then for two years two to four major attacks weekly. Became mentally deranged. Under venom treatment has only had five minor attacks in 10 montha. Now mentally restored and works regularly.

Case 2.—Fits for 12 years. Latterly one major seizure every two to three weeks. Was under venom treatment for 10 months. During that period has only had four petit-mal attacks.

Case 3.—Child of nine years. Major fits in series since age of seven months. Speech paralyzed. Could not walk unaided. Under venom treatment fits etirely eliminated. Can speak, walk and play normally.

Case 4.—Fits at two week periods with series of major attacks at frequent intervals. During seven months' treatment with venom had only three minor fits. Wonderfully improved mentally and physically.

Case 5.—Petit-mal seizures two to three times weekly for two years. After a course of venom treatment fits were permanently eliminated.

Case 6.—Major attacks one to two weekly for six years. Mentally unbalanced. After venom treatment fits were reduced to minor seizures, with much longer intervals.

Case 7.—Fits for eight years. Major seizures often in series of 12 within 24 hours. After starting venom treatment had only two mild attacks in five months.

Case 8.—Fits for three years, two to three major attacks weekly—sometimes in series. Minor attacks in between. Mentally deranged. After venom treatmeut fits eliminated and sanity restored.

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MIDWIFERY IN ANCIENT INDIA

BY

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(Continued from our previous issue)

अथातो गर्भावक्रान्ति शारीरं व्याख्यास्यामः ।

सौम्यं शुक्रमार्त्तवमाग्नेयमितरेषामप्यत्र भूतानां सान्निध्यमस्त्यणुना विशेषेण परस्परोपकारात्-परस्परानुग्रहात् परस्परानुप्रवेशाच्च ।

तत्रस्त्रीपुंसयोः संयोगे तेजः शरीराद्वायुरुदीरयति । ततस्तेजोऽनिलसन्निपाताच्छुक्रं च्युतं योनिमभिप्रतिपद्यते संसृज्यते चार्त्तवेन । ततोऽग्निसोमसंयोगात् संसृज्यमानोगर्भो गर्भाशयमनुप्रतिपद्यते । क्षेत्रज्ञो वेदयिता स्प्रष्टा घ्राता द्रष्टा श्रोता रसयिता पुरुषः स्रष्टा गन्ता साक्षी धाता वक्ता योऽसावित्येवमादिभिः पर्य्यायवाचकैर्नामभिरभिधीयते दैवसंयोगादक्षयोऽव्ययोऽचिन्त्योभूतात्मना महान्वक्षं सत्वरजस्तमोभिर्द्देवासुरैरपरैश्च भावैर्वायुनाभिप्रेर्य्यमाणो गर्भाशयमनुप्रविश्यावतिष्ठते ।

तत्र शुक्रबाहुल्यात्पुमानार्त्तवबाहुल्यात्स्त्री साम्यादुभयोर्नपुंसकमिति । ऋतुस्तुद्वादशरात्रं फवति दुष्टार्त्तवः ।

अदृष्टार्त्तवाप्यस्तीत्येके भाषन्ते ।

भवन्ति चात्र ।

पीनप्रसन्नवदनां प्रक्लिन्नात्ममुखद्विजां ।
नरकामां प्रियकथां स्रस्तकुक्षाक्षिमूर्द्धजां ॥
स्फुरद्भुजकुचश्रोणिनाभ्यूरुजघनस्फिचं ॥
हर्षौत्सुक्यपराञ्चापि विद्यादृतुमतीमिति ।
नियतं दिवसेऽतीते सङ्कुचत्यम्बुजो यथा ॥
ऋतौ व्यतीते नार्य्यास्तु योनिः संव्रियते तथा ।
मासेनोपचितं काले धमनीभ्यान्तदार्त्तवं ॥
ईषत्कृष्णं विगन्धञ्च वायुर्योनिमुखं नयेत् ।
तद्वर्षात्द्वादशात् काले वर्त्तमानमसृक् पुनः । *Susruta Samhita.*

THE REAL CAUSE OF PREGNANCY.

If a man of pure semen copulates with a woman having healthy vagina and uterus, and of pure blood during her menstrual period, and if the ejected sexual sperm meet and mix with the blood germ and reach inside the uterus and if the soul enters into the product of this combination by its own wish, then pregnancy is said to

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take place. The embryo thus formed, if properly nourished by food which is satma and nursed carefully, develops into a well-formed, strong, beautiful child which is delivered in time. So according to lord Atreya the causes of this foetation are the father, the mother, the soul, and the satma and the food. (Satma : own colour, smell, touch, and sound). And the mind, which is called satva, is the cause of the relationship of these factors. But Kumarasira Bharadvaja objected and said : "Neither father, nor mother, nor soul, satma, nor food and drink is the cause. Nor the mind comes from another world to enter into the embryo. For had it been so, then many parents anxious for a child would have copulated to give birth to a son or a daughter as they liked. And then no parents would have been childless, and would not have cried for a child ; so the parents cannot be the cause. Again, how can the soul produce its likeness ? Even if this be granted, the question arises whether a born or unborn soul gives birth to the soul of foetus." ?

If you answer—a born soul,—then it cannot be ; for a soul which is born, cannot again take its birth at the same time. Neither can an unborn soul give birth to a soul ; for an unborn soul has no reality, has no existence, and so how can it beget its likeness ? So the soul cannot be the cause. Even supposing that a soul can give birth to another, then if soul had really the power, it would have entered the uterus it liked best, and would not have cared for the uterus of the lower animals wilfully ; for the soul likes to see himself as Lord, omnipotent or able to go anywhere, capable of assuming any form, brilliant, strong, speedy, beautiful, noble, healthy, young and omnipresent or living for ever. Had satma been a cause, only those who use satma ought to have child ; but practically we see that many of them long for a child, whereas even those who do not observe satma are often found to be favoured with children. Neither can the faetus be due to food or chyle, for every human being eats food, but every man does not get children born of him. Nor can it be said that those who take good and nutritious food, as meat-juice of goat, kid, deer, peacock, cow's milk, curdled milk, ghee, honey, oil, saindhava salt or rock-salt, cane juice, moong (Phaseolus mungoo) and good rice do get children, and those who live upon non-nutritious or insufficient food such as syama rice, smaller variety of wheat, kodo and koradusuna or bad rice, roots of vegetables, should not be able to beget children ; but

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we find that both the classes of parents may or may not be blessed with children. Neither can it be said that the mind which is a product of satta property comes from another world and enters the body of the foetus ; for had it been so, the child would have remembered the incidents of his previous births and existence, *i.e.*, retained the memory of a past life which he lived before. The fact that it does not recollect anything disproves the migration of the mind. Then Lord Atreya replied, no, you are mistaken ; all these are cause, but when they act in concurrence, conception takes place ; therefore these may be called causes of pregnancy. The mother is the cause, for from her the following structures of the foetus originate : *viz.* skin, blood, muscles, fat, navel, heart, pancreas, liver, spleen kidney, uretar, bladder, stomach, large intestine, small intestine, rectum. The father is also the cause, for from him originate hairs, moustache, nails, teeth, bones, vessels, nerves and ligaments and semen. The soul is also the cause, for from its presence the product of conception acquires the title of living being.

खुड्डीका गर्भावक्रान्तिः ।

अथातः खुड्डीकां गर्भावक्रान्तिं शारीरं व्याख्यास्यामस्य इतिह स्माह भगवानात्रेयः ॥ १ ॥ पुरुषस्यानुपहतरेतसः स्त्रियाश्चाप्रदुष्टयोनिशोणितगर्भाशयायाः यदा भवति संसर्गं ऋतुकाले । यदा चानयोस्तथैव युक्तयोःसंसर्गे तु शुक्रशोणितसंसर्गमन्तर्गर्भाशयगतं जीवोऽवक्रामति सत्त्वसम्युयोगात् तदा गर्भोऽभिनिर्व्वर्त्तते ॥ २ ॥ स सात्म्यरसोपयोगादरोगोऽभिसंवर्द्धते समागुपचारैश्चोपचर्य्यमाणस्ततः प्राप्तकालः सर्व्वेन्द्रियोपपन्नः परिपूर्णसर्व्वशरीरो बल-वर्ण-सत्त्व-संहनन-सम्पदुपेतः सुखेन जायते समुदायादेषां भावानाम् ॥ ३ ॥ मातृजश्चायं गर्भः पितृजश्चात्मजश्च रसजश्चास्ति च सत्त्वसंज्ञमौपपादिकमितिह्येवाच भगवानात्रेयः ॥ ४ ॥ नेति भरद्वाजः । किं कारणं हि न माता न पिता नात्मा न सात्म्यं न पानाशनभक्ष्यलेह्योपयोगा गर्भं जनयन्ति । न च परलोकादेत्य गर्भं सत्त्वसंज्ञकमवक्रामति । यदि हि मातापितरौ गर्भं जनयेतां सूयस्यश्च स्त्रियः पुमांसश्च भूयांसः पुत्रकामाः, ते सर्व्वे पुत्रजन्माभिसन्धाय मैथुनधर्म्ममापद्यमानाः पुत्रानेव जनयेयुर्दुहितुर्व्वा दुहितृकामाः । न च काश्चित् स्त्रियः कैचिद्वा पुरुषा निरपत्याः सुरपत्यकामाश्च परिदेवेरन् । न चात्मात्मानं जनयति । यदि ह्यात्मात्मानं जनयेज्जातो वा जनयेदात्मानमजातो वा जनयति । तच्चोभयथाप्ययुक्तम् । न हि जातो जनयति सत्त्वान् न चैव वाजातो जनयेत् सत्त्वात् तस्मादुभयथाप्यनुपपत्तिस्तिष्ठत् । अथ तावदेतद्यथात्मानं शक्तो जनयितुं स्यात् न त्वेनमिष्टास्वेव कथं योनिषु जनयेद्दृश्यिनमप्रतिहतगतिं कामरूपिणं तेजोबलजवबर्णसत्त्वसंहननसमुदितमजरमरुजममरमेवं विधंह्यात्मानमिच्छन् नित्यतो वा भूय. ॥ ५ ॥ असात्म्यजश्चायं गर्भो यदि हि सात्म्यजः स्यात् तर्हि सात्म्यसेविनामेवैकान्तेन व्यक्तं प्रजा स्यात् । असात्म्यसेविनश्च निखिलेनानपत्याः सात्म्यौषधसमश्च वैद्यः । रसजश्चाप्ययं गर्भो यदि हि

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रसज: स्यान्न केचित् स्त्रीपुरुषेष्वनिरपत्या: सुतं हि कञ्चिदेतेषां यो रसान्नोपयुङ्क्ते । श्रेष्ठरसोपयोगिनां चेद्गर्भो जायते इत्यतोऽभिप्रतमित्येवं सति । आजौरभ्रमार्गमायूरगोचीरदधिघृतमधुतैलसैन्धवेक्षुरसशुद्धशालिभृतानामेवैकान्तेन प्रज स्यात् । श्यामाकवरकोद्दालककोरदूषककन्दमूलभक्षाश्च निखिलेनानपत्या: सुरसत्त्वोभयसुभयत्वैव दृश्यते ।। ७ ।। न खल्वपि परलोकादेत्य सत्त्वं गर्भमवक्रामति । यदित्येनमवक्रामेन्नास्य किञ्चिदेव पौर्व्वदैहिकं स्यादविदितमश्रुतमदृष्टं वा । स च किञ्चिदपि न स्मरति तस्मादेतद्वूमहे इति । अमातृजश्चायं गर्भ: पितृजश्चानात्मजश्चात्मजश्चारसजश्च न चास्ति सत्त्वमौपपादिकमितिहोवाच भरद्वाज: ।। ८ ।। नेति भगवानात्रेय: । सर्व्वेभ्य एभ्यो भावेभ्य: समुदितेभ्यो गर्भोऽभिनिर्व्वर्त्तते । मातृजश्चायं गर्भ न हि मातुर्विना गर्भोपपत्ति: स्यात् न जन्म जरायुजानाम् । यानि खल्वस्य गर्भस्य मातृजानि यानि चास्य मातृत: सम्भवन्ति तान्यनुव्याख्यास्याम: । तद्यथा ;—त्वक् च लोहितञ्च मांसञ्च मेदश्च नाभिश्च हृदयञ्च क्लोम च यकृच्च प्लीहा च वृक्कौ च बस्तिश्च पुरीषाधानाञ्चामाशयश्च पक्वाशयश्चोत्तरगुदञ्चाधरगुदञ्च च द्रान्त्रञ्च वपा च वपावहनञ्चेति मातृजानि ॥ ९ ॥ पितृजश्चायं गर्भो नहि पितुर्ऋते गर्भोत्पत्ति: स्यान्न च जन्म जरायुजानाम् । यानि खल्वस्य गर्भस्य पितृजानि यानि चास्य पितृत: सम्भवत: सम्भवन्ति तान्यनुव्याख्यास्याम: । तद्यथा ;—केशश्मश्रुनखलोमदन्तास्थिशिरास्नायुधमन्य: शुक्रमिति पितृजानि ॥ १० ॥ आत्मजश्चायं गर्भात्मा ह्यन्तरात्मा यस्तमेनं इत्याचक्षते ।

Charaka Samhita.

Health and Hygiene

WOMEN APPROACHING MIDDLE AGE

Some Health Problems

(By Alice F. Maxwell, M. D. San Francisco.)

Many women would live to enjoy the Scriptural three score and ten years if, in the decade between 40 and 50, they would observe certain rules of life. Every woman approaching forty, at which time childbearing usually ceases, owes it to herself and family to have a thorough and complete physical examination so that a definite estimate of functional or organic changes can be made and the necessary reconstructive measures can be taken. If the law of ratio of adolescence and duration of life holds true, and if the elephant, who matures at forty, lives to the age of 200 years, the dog maturing at two years lives to the age of ten, then man, who matures at twenty, should live to the age of 100 years.

DIABETES IN ADULT LIFE

Diabetes in adult life runs a chronic course and is largely preventable. Its onset is usually insidious and, unless it is discovered accidentally in the course of an examination for life insurance, it usually reaches a chronic or incurable stage before causing symptoms which arouse the

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individual's suspicion. Diabetes is a disease resulting from an exhaustion or deficiency of insulin, the internal secretion of the pancreas. Many persons have inferred that diabetes is a disease of the kidneys because of the presence of sugar in the urine, whereas it is actually a disease of the pancreas, although in later stages real kidney damage and serious blood vessel changes may occur. It follows : if people consume starches and sugar in excess, and particularly if they do not exercise sufficiently to use the excess above the storage capacity of the liver, an abnormally high blood sugar will result which will put an excessive strain upon the pancreas and gradually lead to a depletion of insulin. Occasionally the pancreas of persons in middle life may fail under the strain of a normal intake of starch and sugars. At other times, pancreatic deficiency results from infectious liver diseases etc. and by examinations the diagnosis can be made earlier and the progress of the disease checked.

Diet regulation based upon the storage capacity of the liver and the insulin strength of the pancreas can be determined readily by a simple laboratory measure known as the sugar tolerance test.

Persons who have had diabetes in the family, or those who are especially fond of sugars and usually overweight should have this test performed at definite intervals. If the sugar tolerance test shows any sign of pancreatic deficiency, diet regulation and at times insulin therapy will control the disease. Were the value of this examination generally appreciated, the number of cases of diabetes would be tremendously reduced and many more persons would enjoy a healthy middle age.

HIGH BLOOD PRESSURE

High blood pressure *per se* is not so serious in itself as are its attendant disorders which sooner or later are disastrous It frequently leads to heart disease of middle life, which is merely an expression of an exhausted state of the heart muscle brought about by the excessive work of this organ, which is necessary to maintain the circulation in the presence of the increased pressure.

High blood pressure usually develops slowly as the result of chronic constitutional infections or chronic intemperances. Most constitutional infections of the chronic type can be avoided or, if incurred, can be eradicated or controlled. Diseased teeth, tonsils, sinuses, gall bladders and appendices in general furnish the list of structures frequently at fault and medical examinations will offer a way to escape the ultimate penalty of these deranged organs. In most cases, if the condition is recognized early, serious and permanent injury to the general body mechanism, including the blood pressure apparatus may be avoided Temperance in living habits for one individual may be excesses for another—however, if one avoids, eradicates or controls chornic constitutional toxemias,

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practises a wise adjustment of life habits to his or her individual equation one should pass through the period of middle life with the heart, blood vessels and kidneys approximating the normal. It has long been recognized that a person is as old as his arteries. As the capillary resistance becomes greater with the aging of the vital organs and as the elasticity of the blood vessels diminishes, the daily load placed upon the heart should be lightened by less prolonged and violent physical and mental exertion, and by a gradual moderation of the amount and complexity of the food and drink intake. Moderation and watchfulness, therefore, are the guardians of a healthful middle age.

CANCER—WOMAN'S SPECIAL PROBLEM

Cancer is a woman's special problem, striking at many thousands of women, in all stations of life, in their active and productive years. The prevalence of cancer among women is due to the greater susceptibility of women's body to cancer during and after the childbearing period, and especially that part of the body concerned with reproduction. It is well-known that men are particularly susceptible to cancer of the tongue, lip and throat, probably from the irritating effects of smoking ; cancer of the stomach and other parts of the intestinal tract occurs with about equal frequency in both sexes. Cancer of the breast and pelvic organs in women, however, is so frequent as to make this dread disease the scourge of middle life. Education should imply the ability to face these facts, facts of sex susceptibility, personal tendency, as well as pleasanter facts in which prevention and cure are the desired end results. Education will demonstrate and emphasize the truth that "no individual is immune from cancer" but that certain types of cancer are almost entirely preventable or curable and that other types of cancer must be recognized early and treated, if lives are to be saved.

In connection with cancer of the breast, Dr. Bloodgood, an authority on these tumors, states that 75 per cent of women with lumps in the breast do not have cancer, and if the lump does prove to be cancer, more than 70 per cent. can be cured if early attention is given to the growth. Nature warns women in time but they need special instruction to "act in time." Nor is a tumor in the breast the only evidence of trouble ; discharge from, or irritation of the nipple, hardness and fullness of the breast, the development of a dimple in the skin of the breast, or reddened skin areas must be carefully scrutinized.

Women can save lives by an openminded, intelligent and courageous attitude toward the cancer problem. This can be accomplished by co-operation with a competent medical attendant and by dispelling the fog of sentimentality and ignorance which is so often responsible for fatal delays.

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CHANGE OF LIFE SHROUDED BY DREAD

A period often shrouded by much misconseption and dread is the menopause. The physiologic menopause, or "change of life," is a slow involutional process extending over several months or even years. The most striking manifestations of this period is the cessation of menstruation, which may cease abruptly, or more commonly gradually diminishes in frequency and amount An increase in the amount or frequency of the hemorrhage must not be regarded as a natural consequence of the menopause but rather demands medical advice.

There are many popular superstitions in regard to the physical and spiritual alterations which women undergo at this period. One prevalent belief is that cessation of menstruation (either natural or postoperative) is followed by the acquisition of masculine characteristics (deepening of the voice, sprouting of a beard and alterations in the disposition of fat). Many women, of course physical make-up, do show the above changes after a natural or surgical menopause but such alterations are due not so much to cessation of menstruation and loss of ovarian secretion as to childbearing, racial and hereditary traits, disease, lack of exercise and gross self-indulgence. Women of innate physical refinement often show greater delicacy of features after the menopause and acquire an attractiveness they never before possessed. Indeed, after an artificial menopause, many women who have long suffered from pelvic disease may appear rejuvenated, indicating that the aging effect of disease is more significant than the loss of ovarian secretion —*Better Health.*

THE SCOURGE OF TUBERCULOSIS

Its Causes And Cure

(Dr. Jadu Gopal Mukherjee.)

Not in the days of yore but in the days of our childhood I remember the references used to be made amongst the elders to Phthisis having had occurred in such and such family. It was very few and far between when one could actually come across a real consumptive. Centering round such an unfortunate case, stories were spun, sobs and sighs were exchanged and theories were advanced. I distinctly recall having heard people say there were two classes of diseases—"Papajas" and "Karmajas". Papajas were the fruits of our short-comings of this life and they could be got over by Prayaschitta or atonement But the other variety depended entirely on the law of Karma. There is an undertone of Karma in the song of life, and it is beyond human power to withstand its effect. Another classification was also offered. The "Susaddha, Kasatsaddha, and Asaddha"—the easily curable, curable with difficulty and the incurable

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class of diseases. Under the last were included the tuberculosis, leprosy, tetanus and Asthma. I listened to the talks with all attention as I listened to the legendery lores. I did not know then that a day would come when I would be a medical stud-nt and find out that our elders were not far wrong in holding the view then held. I am awefully sorry the chit chats that often grew around the lamentable lot of miserable young widow and that made a tremendous impression on my mind during my school-boy time are the facts revealed in Ayurveda a few thousand years ago and still remain as powerful as ever. The progress of human intellect has a glorious history behind it. But the incurable diseases yet mainly remain the incurable ones. It is a standing slur on our forward movement. The curse has got to be blotted out. And this means a team work of research along organotherapy and bio-chemistry, Bacteriology and chemotherapy. The treatment we offer to the suffering public has not made much head-way. Twenty-five years ago we would recommend fresh air, sunshine, good food and regulated rest and exercise. Up till to-day we have not have nothing better to hold out.

WORKING HAVOC

While this is the condition of our medical aid, the disease is making rapid strides and working havoc in the society. The effect of the last pandemic—the influenza during the war—is simply horrible. It has prepared the soil for infection by tubercle germs. The increasing poverty of our people together with the bad legacies of diseases like Malaria, Kalaazar, Influenza etc. undermining our stamina forms the most important predisposing group of causes of tuberculosis. Regard being had to the ever-enlarging incidence of lung tuberculosis in our country, one often looks aghast at the mighty race between Malaria and cosumption. It appears as if Phthisis were going to oust and occupy the place of the commonest fever, malaria, in the hierarchy of diseases of Bengal. With what impotence do the medical profession and the lay public look at the dangerous game going on before us.

I admit a great step forward has been taken in lung surgery. But that is some consolation to the advaned cases of Phthisis. For the great majority of cases the diagnosis means the pronouncement of death sentence. Can nothing substantially good be done for them? I stood confronted with this problem much as many others have stood and still stand to-day. I became interested in this subject because the malady gave me a very very rude shock. I have lost some of my best firiends, stars of youngmen, jewels of a nation who could be objects of rightful pride in any country of the world. All cares, nursing, treatment tempered with the glow of love and affection were of no avail. In spite of all our efforts they have gone to glory.

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IS IT CURABLE?

Now then, I come to the consensus of opinion of the present-day experts. They hold tuberculosis is both curable and incurable a disease. It is curable in its early stage. It is incurable in its advanced condition. What constitues this early stage and how to fix it up? One is sure of the diagnosis when one finds tubercle bacillus in the sputum. In most cases, it happens so, not before the disease has made some progress. The doctors call it the stage of signs. The real early stage is the stage of symptoms, *i.e.*, the stage when doctor's instruments cannot find any definite area of lung diseases, yet the patient has the following:

(1) Progressive loss of strength without a definite cause,

(2) Progressive loss of weight without a definite cause, and

(3) Interminable, prolonged fever.

To these may be added—

(4) History of haemoptysis or blood spitting. If such a patient has the history of a previous attack of pneumonia, influenza or particularly pleurisy, well, he comes under a reasonable suspicion of early tuberculosis. Heredity is now dislodged from its previous position as a contributing factor. Yet it is not totally discarded. The French savants Calmette, Negri and others are again giving support to it.

EARLY STAGE

The early stage, as adumberated, is a condition of toxaemia—poison circulating in the blood. The low blood pressure and heightened pulse rate also indicate it. I began to ponder that under such circumstances the blood cells must have to be functioning under a special strain. Therefore they must show some change in their relative constituents. I had an opportunity to take up the work in 1924 and have continued it since then. As luck would have it, I found, in 1925-26, there was some change in the relatve position of the white blood corpuscles. There was relative increase in the large mono-nuclears with similar decrease in the small mono-nuclear cells. In nearly 95 per cent. of cases, this change can be demonstrated in the blood. I am now studying its limitations.

But the diagnosis, though it is of paramount importance in the early stage, in this case is of no such interest to the patient or his friends and relatives as is the need of cure. And we hold but one cure at present for the incipient consumptives. That is sanitarium treatment. Two kinds of sanitaria are recommended—the sea-side places and the hill stations. Some cases fare badly on the sea-shore because the micaceous, gritty particles in the air irritate the lungs and the vagaries of atmospheric pressures tend to produce haemoptysis.

People having a large purse can go to the distantly placed Himalayan sanitaria at Dharampur, Bhawali or Almora, or they take a sea voyage to European health resorts particularly those in Switzerland. But something

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must be done for the people of moderate means. Ranchi is a place where many health seekers stealthily come. Stealthily, because no house owner would knowingly let out his house to a T. B. case, as the consumptivas are popularly called here. Very recently, a sanitarium has been opened at Itki about 19 miles from Ranchi. It is a product of official and missionary combined efforts. Unfortunately, the institution is provincialised. Rai Bahadur Dr. Chuni Lal Bose made his emphatic protests through the press against such a practice of such a humanitarian institution But it is no use quarreling over spilt milk. Why can't non-official efforts bring about another such sanitarium here? For the thoughtful public the philanthropically disposed and the moneyed men I jot out a short, unassuming scheme for consideration. I hope I have not shut my eyes to the practical aspect of the question.

SANITARIUM.

For diagnosis, treatment and isolation of the consumptives.

Departments—

(1) Hospital (General wards and cottages).
(2) X-ray.
(3) Clinical Laboratory.
(4) Dispensary.

Cases Admissible—

(1) Patients with arrested diseases and on the way to recovery.

(2) Closed and early cases.

Because only in these cases something can be done. Early diagnosis by differential blood count and X-ray etc. is likely to save 65 per cent. of cases.

(3) Selected frank cases may be taken in a separate block.

Some Details—

(1) Hospital with general wards and cottages.
Accommodation to start with say, for 20 patients.
Ward accommodation for 10 cottages for 10 cases.
The site may comprise of 15 to 20 bighas of land.
The valuation may be on average Rs. 500 a bigha.

The staff should consist of :—

(1) One medical officer.
(2) Two nurses or compounders.
(3) One mechanic.
(4) Sweepers and menial hands.

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Approximate cost (monthly) :—

	Rs.
Food	500
Medical officer	500
Two Nurses or compounders	140
Menials etc.	60
Contingency	15
Medicine etc.	50
House physician	100
Clerk and Cashier	80
Mess Manager	50
	1495

Source of income—

To meet the recurring expenditure, so long as better financial position does not prevail, all the seats be converted into cottage cases. Each case may be required to pay a rent for the cottage, other charges being extra.

For additional income, the X-ray may be thrown open to general public for therapeutic purposes, X-ray and electric.

Training classes may be opened for medical students on special fees. Several courses of instruction may be arranged during the opportune seasons.

Initial expenditure—

Cost of building.

10 cottages (Each cottage shall have one room for the patient, one for the relatives or attendants, one kitchen, one store room and a privy)	Rs 20,000
Staff quarter, doctors' quarter, Laboratory etc. ...	„ 40,000
Value of land (20 bighas)	„ 10,000
X-day apparatus and laboratory outfits	„ 10,000
Total	Rs. 80,000

If a profit is sought to be made and provisions are made for repairs, refills, etc. the charges of the cottages can be enhanced to Rs. 80—100.

Tuberculosis being on the increase and people having nothing to fall back upon but the sanitarium line of treatment, a steady bee line is expected of the swarms of patients,

As they have done in the Himalayan sanitaria the seats may be classified under the following heads,

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1st class :—A cottage with 2 rooms with attached baths, a kitchen outside. The rent shall be Rs. 80 a month.

2nd class :—A cottage with 2 rooms, one bath room and kitchen : rent Rs. 50 a month.

3rd class :—Single room, one bath room and kitchen : rent Rs. 15 a month.

Each patient is to pay Rs. 5 for the servant ; Rs. 10 on average, for medicine. Dhobi and Barber may be arranged with. Dairy arrangement may be made by giving contract to Goalas. For instance, the institution will charge anna one more than the cost price per seer. This is done elsewhere.

Now then, if we have 6 1st class, 7 2nd class, 7 3rd class seat, our income shall be as per below :—

1st class	Rs. 480
2nd class	Rs. 350
3rd class	Rs. 105
For servants	Rs. 100
For Medicine	Rs. 200
For Fooding	Rs. 900
	Total Rs. 2135

A guest house and attendants (*i.e.* attendants' of the patients) quarters may be erected. Chargeable for halts. Messing extra.

Menu—

Morning meal.—Milk ¾ lb., Eggs 2 (raw), Bread 2 pieces, Butter 1 chittack.

Mid-day meal.—2 pieces of chapati, Rice, Dal, Vegetable curry—1 variety.

Afternoon—¾ lb, milk.

Night.—Chapaties, Vegitable curry—1 variety. Meat ½ powa. For vegetarians—Sujee in milk.

This is actually supplied in a 1st class Sanitarium.

Contracts may be made for Dhobie and Barber.

Dhobi—Each article—1 anna.

Barber—Each shave—2 annas.

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REARING UP HEALTHY CHILDREN

The Problem Of Feeding Them

According to Dr. Pritchard, Physician of Queen's Hospital, London, this period inculdes the important stage of weaning from a milk diet, breast or bottle, to one that is mixed and partly solid.

He says :—

At or about the ninth month the infant usually reaches a stage at which, owing to the eruption of the teeth, a certain amount of solid food is indicated. There are, however, no valid reasons why this change should be allowed to interfere with the observance of general principles of physiological feeding with respect to quantity, balance, etc., which presumably have been heretofore observed.

There is a very widely held belief that it is bad both for the mother and the baby that breast-feeding should be continued after the eighth or ninth month. I submit that it is better for the baby to continue with the breast-witheld.

An average infant, eight months old, requires food of the value of about 700 calories; that is to say, his boby weight (about 17 lbs.) multiplied by the factor 47.

Now, it is quite easy to introduce new articles of diet, such as rusks, crusts, potato, butter, cream, baked apple, broth, gravy, and anything that may be thought suitable without disturbing quantity or balance, if the total quantity of breast-milk supplied to the baby by the mother is estimated by the "test-feed", that is to say, by weighing the infant in accurate scales before and after feeding.

Let us suppose for instance, that the baby in question obtains 25 oz. of breast-mrlk in the course of the day, leaving a deficit of 14 oz. to be made good by supplementary feeding. Now 14 oz. of cows' milk modified to breast-standard can be prepared in the following manner. Take :—

Cow's milk ...	7 oz.
Sugar ...	6 drachms.
Fat (cream 1 oz) ...	3 drachms.
Water to make a total of ...	14 oz.

Now, instead of the sugar required for the preparation of this standard mixture, any required proportion of it, or the whole, can be replaced weight for weight, by any desired variety of insolube carbo-hydrate or farinaceous food, without interfering with the "balance" of the diet as a whole, and the same is true of the fat; any variety of fat can be employed

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in place of the cream usually made use of in preparing modified milk; for instance, butter can be used, or dripping, or becon fat, weight for weight.

8 MONTHS' OLD BABY'S DIET

In order to observe correctness in quantity and balance, the diet of our eight months' old baby can consist of :—

Breast-milk	...	25 oz.
Cow's milk	...	7 oz.
Carbohydrate, in any form	...	6 drachms
Fat in any from	...	3 drachms

Now, with such data it is very easy to arrange a suitable and varied diet for a baby passing through the difficult period of transition from a milk to mixed diet. The meals may be arranged to suit the convenience of the household, but they should not be more than five in twenty four.

A convenient arrangement for the 24 hours might be as follows :—

6 a m —Breast-milk 9 oz followed by rusk 1 drachm.

9·30 a.m.—Cow's milk 3½ oz, cream 2 drachm, sugar 1 drachm, rusk 1 drachm, and butter ½ drachm.

1 p.m.—Breast-milk 8 oz., followed by rusk and apple jelly.

9 p.m.—Breast-milk 8 oz.

In the case of bottle-fed babies the same arrangements hold good, except that instead of breast-milk, an equivalent quantity of cow's milk modified to breast standard must be substituted.

In the case of bottle-fed babies, the chief mistake, that is made, is to supply too much cow's milk and far too little carbohydrate and fat. No child under two years of age can take more than one pint of cow's milk in 24 hours without a disturbance of the protein-fat-carbohy-drate ratio.

As the child grows older, the total quantitative requirements become greater, but the "balance" should remain the same, with the exception that rather less fat required, and rather more carbohyrate. These changes are very easily effected if the general scheme, as above indicated, is observed New varieties of vegetable, farinaceous and nitrogenous food should be introduced form time to time for the sake of change and to promote the digestive education of the child.

CHILD MORTALITY

Prevention of Disease in early Life

(By H. E. Thelander, M. D.)

Periodic examinations of healthy children for the detection of minor defects and bad tendencies at a period when correction is fairly simple are essential for their future welfare. Even the healthiest child, however, will contract diseases, and it is because the illness of early life may play a part

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in the future health of the individual that the care of the sick child is of extreme importance. In a few diseases such as diphtheria, appendicitis, meningitis, and some others, treatment to-day instead of to-morrow may mean the difference between life and death. Parents cannot differentiate the early symptoms of these diseases from the minor illnesses. The only means of reducing the number of fatalities from them is to have a physician see and take the responsibility of every illness. Nor should responsibility end with diagnosis and treatment. Of equal importance is the proper convalescence after illness Sickness, even in its mildest form, is a shock to the young body. It may take several days of normal temperature and absence of symptoms to repair the damage done. If, during this time, the child is permitted full activity, convalescence may be unduly prolonged and result in chronic poor appetite, failure to gain, fatigue and repeated infections.

With our present standards of health and our knowledge of prevention of disease, morbidity and mortality among our children should be reduced. The most effective way of doing this is: (1) Keep the child under close medical supervision to detect the onset of defects and bad tendencies in order that these may be corrected before they have become permanent. (2) Give the sick child the benefit of early diagnosis, prompt treatment and a proper convalescence (3) Immunize children against smallpox and diphtheria early and thus eliminate these diseases from our midst, and use what available means we have to lessen the severity and protect the very young child against the other contagious diseases —*Better Health*

HOW THE ANCIENTS TRAINED

Old Time Contests

A curious notion existed among the ancients that standing erect was in some way an exercise. To stand before food was said to be good for asthmatics, standing after dinner was the cure for indigestion. It is related that for biliousness leg circling movements were used, so the Greeks evidently studied curative P. C. as well as developing their bodies even in those days. Rope climbing was practised also, whilst men walked and danced on the tight rope with a balancing pole, as it is done at the present time. Facts of this kind have been discovered by means of the figures sculptured on certain antique gems.

LUNGS EXERCISE

The ancients also had interesting views regarding the lungs. An exercise for weak lungs was reading aloud. It affords capital exercise to the thorax and muscular structures of the vocal cords, improving also the condition of the lungs. The wonder is that it is so much neglected at the present time. Were it more attended to, we should rarely hear of pneumonia following an undue or prolonged exercise of the voice, as it often does in delicate-chested individuals.

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Galen tells of a celebrated Thessalian in the age of Nero, who styled himself the physician-conqueror, affirming that he could cure malignant ulcers by voice exercises. From this, it is inferred that if he improved by its means the vital organs of his patients, this would favourably affect the condition of the ulcers.

In conclusion, we may say that the present day physical culturist owes, no doubt, to the first pioneers of P. C. The famous statues throughout the world still stand as examples of their high ideals, and although the Greeks lacked details in art, their figures are sufficient proof that they trained their bodies to perfection.

The Apollo type stands for perfect proportion, and the measurements have often been taken as being the nearest to a perfect man whilst Milo was an emblem of power. It is claimed that Milo could carry a full grown bull on his shoulders, and his method of doing this has for all time been typical of progressive strength. He commenced carrying a calf on his back, and each day as the animal grew, Milo did his daily performance, until he carried the beast fully grown. Whether this is correct or not, we never shall know, but it is an example of progressive training.

Achilles was the speed merchant, the emblem of runner. We have all heard of the Marathon races over a distance of approximately 25 miles. Dirt track racing may be new on motor-cycles, but the old-time chariot racers would require to be as bodily fit as our present day riders. We have seen Greek and Roman athlets portrayed on the films and it has always been a struggle for the producers to find men of suitable physique to represent the old-timers.

The ancients had no mean idea about beauty of the female figure. To what extent these "belles" went to develop their outline of form I cannot tell you, but they would no doubt have their own methods to take the place of the present-time games favoured by the fair sex, otherwise they could not have produced the statues which are still exhibited and still known to-day as being the ideal figures for comparison. —"*Health and Strength.*"

Reviews and Notices of Books

—:o:—

Obstetrics for Nurses.—By Charles B. Reed, M. D., F. A. C. S., Professor of Obstetrics, North-Western University Medical School, Chief Obstetrician, Wesley Memorial Hospital, Chicago, and Charlotte L. Gregory, R. N., B. S., M. D., Adjunct in Obstetrics at Wesley Memorial Hospital; Clinical Assistant to Obstetrics at Northwestern University Medical School, Chicago. One hundred forty-four Illustrations including two Coloured Plates. Third Edition. St. Louis. The C. V. Mosby Company 1930.

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This is the third edition of Reeds' *Obstetrics for Nurses*. Dr. Reed was ably assisted in the preparation of this edition by Dr. C L. Gregory physician and Nurse. By this happy combination, this book for Nurses represent the authoritative opinions of a Professor who is actually engaged in teaching the subject and of a Nurse and Physician, whose experience in practical nursing is well-known. Doctor Gregory has brought to her task of helping service in this book the view point and intuition of the nurse. This, combined with Doctor Reed's skill as a teacher and Obstetrician, has brought forth a book that will meet the need of teachers and students alike.

The information is full and concise. All debatable questions have been avoided A nurse is expected now-a-days not only to be a capable and intelligent assistant to a doctor with whom she must co-operate, but also should undertake the responsibility of giving counsel to the patient under her charge in emergencies.

The book is ideal in size and arrangement The authors have presented the subject matter with literary charm and skill. The language is simple and it is not likely to bewilder a nurse in the study of Obstetrics The book is admirably suited for class instructions and is also complete enough for post-graduate reference.

The Care of Children in the Tropics for Health and Disease.—A Practical guide for Mothers, Nurses, and Junior Practioners of Medicine By Eric C. Sphar, B.A., M.D., B.S (Lond.), M.R.C P., Fellow of the Royal Society of Medicine, Physician, General Hospital, Colombo ; Late Physician, Children's Fever Hospital, Hampstead, London ; Clinical Assistant, Great Ormond Street Hospital for Sick Children, London ; and Lecturer on Diseases of Children at the Ceylon Medical College. 8¼ × 5½ inches. Page xiv. and 265, Plate 1. Price 7/6 net, Bailliere, Tyndal & Cox London, 1930.

This describes in detail the correct principles of child's upbringing, feeding in infancy, its common errors, their detection and their remedies. The subject is presented to us so fully and explicitly that it is pleasing to note that the present volume will be welcome to all students and teachers. The author has tried his best to bring the book thoroughly up to date and the most recent advances in treatment have been included.

The use of dried milk products in infant feeding which is largely replacing the natural cow's milk in the Tropics is fully explained and its defects pointed out, and the superiority of mother's milk over that of any and every kind of bottle feeding is established beyond doubt. The common ailments of the child are fully dealt with. The common household remedies and their uses are described and some useful prescriptions and many nursing recipes have been added at the end of the book.

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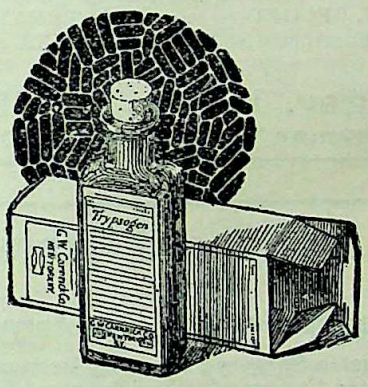

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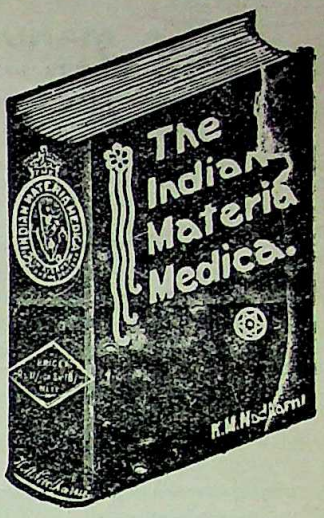

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or the Hindu System of Medicine.

Vol. VI.] May, 1930. [No. 11.

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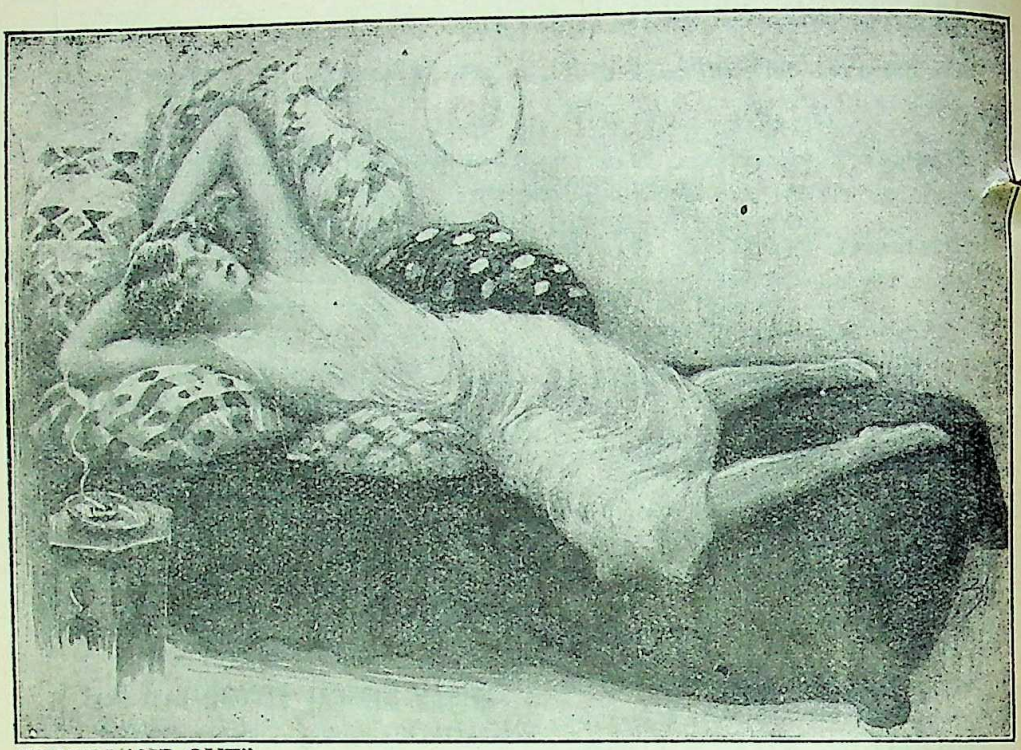

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THE JOURNAL OF AYURVEDA

Vol. VI.] May, 1930. [No. 11.

Sarda Marriage Act.

The much talked-of and much criticised, in the Press and pulpit, Sarda Bill has been passed both by the Assembly and the Council of State. His Excellency, the Viceroy, has also given his consent to it and the bill has been enacted as Law which came in force on and from April 1930.

Whatever might be the object for enacting the bill, we are only concerned with its medical and social aspects. We do not possess any information that might illuminate the motive of Mr. Sarda to introduce such a bill at all, nor could we understand why our educated and intelligent leaders could agree to the passing of such a curiously drafted and self-contradicting bill. It is also beyond our surmise why the Government did overlook so many defects and loop-holes in the bill which are sure to defeat the object of the bill in 99 per cent. of cases. To illustrate our points, let us discuss some portions of the bill and the incongruity of the whole affair will come to light.

The minimum age of marriage for a girl has been fixed at 14 years while that of consent at 15 years. Now the new law allows a man attaining majority to marry a girl of 14 years of age, but it prevents consummation before the age of 15 of the girl. In order to prevent consummation, the Act provides for punishment but the whole act does not provide any means of detection which simply rests with an informer.

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The obvious result will be that either no informer will be available due to the clause asking him to deposit a certain amount of money when informing or that wrong information might be supplied to the authorities when no money is asked for deposit, just to feed fat some grudge against the party complained of, and thus the end of the legislation would be defeated. Besides, medical examination of girls in the moffusil is rather very difficult if not altogether impossible, so that these will entail the authorities to unnecessary trouble and expenditure. Besides its tantalising effect on the society, it will be a source of intercommunal strife.

Now to the medical aspect of the problem. It is the general natural law in the tropics that girls menstruate at the age of from 13 to 14. Well-fed and healthy girls are sometimes seen to menstruate even earlier. It is also sometimes found that the hymen ruptures with the onset of the first mensus without requiring co-habitation. Medical opinion also goes to show that "the younger the mother, the bigger the child." It is also a bitter truth that mortality rate among primepera women is much more in aged girls than the younger. It is also a fact that first labour is always more painful and dangerous in aged mothers. The reason is that the bones in the pelvic region is harder and less pliant in grown-up girls. It is also a fact that first-born children are generally more healthy and more intelligent, of course on the assumption that parents of such children were healthy at the time of conception and the mother healthy during the period of gestation.

Apart form science, we see in actual life many healthy children in the country as also in cities, born of mothers aged between 12 and 14, and the mothers of such children, too, none the less worse of for it. On the other hand, primeperas at 18 or more are not rare who are worse off regarding health after the first issue. We have also seen mothers of many children commencing

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motherhood at a very early age, say 12 or 13, grow more beautiful, healthy and robust with each confinement, contrasted with mothers of one or two children begetting them as late as at 20 or 22 keeping very indifferent health as they grow in age.

Although there is the other side of the shield where beastliness might be enacted on too young a wife and a few deaths might have been recorded in connection with such cases, yet from actual findings, it is preposterous to do away with marriages of girls below 14 and to prohibit conjugal rights before 15 by legislation.

Unlike in cold countries, girls in our country mature earlier and require association of man by the universal law of nature. According to science of all ages and climes, girls become fit for motherhood after the onset of menstruation and by nature develop a craving for same from that period. Scientifically, as also morally, it is a crime to suppress their natural craving.

We donot, of course, advocate child marriage inspite of the whole host of arguments in its favour from social and household point of view. In our opinion, the best course, according to the present condition obtained in our country, would have been to marry girls at the age of 12 *i.e.*, just before the onset of menstruation and keep the girl with their parents for one year as was the custom with the old Hindu Society.

Besides, in our opinion the cause of deterioation of our national health, child mortality and maternal mortality is not due to child-marriage or girl motherhood. The real cause is our economical death. 90 per cent. of the population of this vast peninsula is half starved majority of whom even do not know what is meant by two meals a day, not to speak of scientific full meals. It is therefore quite criminal to expect a healthy and robust child of such parents. It is one of the wonders of the world that some of our children still survive at all. It is this economic distress that tells directly upon the health and

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longevity of the mother and indirectly upon those of the new-born babes.

We hold and believe strongly that no increment in the age of marrying couples will solve the child and maternal mortality problem of India, nor will it solve the question of improving the national health. It is food and food alone that can solve these problems. Give sufficient food to the parents and the infants born and you will see the country full of bright and healthy children with cheerful parents. Without food, only increasing the age of marriage will be of no avail.

We are glad to see that the Government proposes to amend the act as to the age of the couple where necessary and we are one with them in this move, as it will go a great way in doing away with many slips and pitfalls that are a natural corollary to the increase in the age of marriage.

It is still our opinion that legislation on such social affairs is bad in principle and we are glad that the act, as amended, will be simply a dead letter in the Statute book.

H. N. C.

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

(Continued from our last issue)

——:o:——

Svadhisthan Chakra—6 petals, as follows :—

Two branches form Pelvic plexus
Two communicate above with Aortic plexus
Two communicate with Lumber ganglia of the sympathetic.

Manipur Chakra has got 10 petals, as follows :—

(1) To phrenic or diaphragonatic plexus.
(2) To supra-renal plexus
(3) To renal plexus
(4) To spermatic plexus
(5) To coeliac plexus which divides into five plexuses as follows :—
(6) To gastric plexus
(7) To splenic plexus
(8) To hepatic plexus
(9) To superior messenteric plexus.
(10) To Aortic plexus.

Anahata Chakra has got 11 petals as follows :

It is formed by—

(1) The left superior cardiac nerve.
(2) The inferior cervical cardiac branch of vagus.
(3) Receives filament from the deep cardiac plexus which gives 8 branches.
(4) Forms the chief part of the anterior coronary plexus and sends filaments to the anterior pulmonary plexuses.

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NOTE—The 8 branches of the deep cardiac plexus are as follows :

It is formed by 3 cardiac nerves (Right superior cardiac, the middle and the inferior cardiac) from the three cervical ganglias of the sympathetic ; also by

Cardiac branches from the recurrent pharyngeal and the vagus nerves.

It distributes branches to anterior pulmonary plexus, posterior pulmonary plexus and coronary plexus, and gives filaments as already noted to the superficial cardiac plexus.

"*Vishuddha*" has got 16 petals as follows :—

It divides into carotid and cavernous plexus ;

The carotid gives 4 branches ;

The cavernous 12 branches.

Carotid plexus gives 4 branches communicating with—

(1) Basserian ganglia
(2) 6th cranial nerve
(3) Meckel's ganglia.
(4) Jacobson's nerve.

Cavernous plexus gives 12 nerves as follows :

(*a*) Branches communitating with—

(1) 3rd cranial nerve
(2) 4th cranial nerve
(3) Ophthalmic division of 5th cranial nerve
(4) 6th cranial nerve.

(*b*) Branches of distribution or terminal filaments are :—

(1) To piameter
(2) To orbit
(3) To interior of Eye ball
(4) To ganglia of Ribes.

(*c*) Discending branches :—

(1) Middle cervical ganglia
(2) External branches
(3) Internal branches
(4) Anterior branches.

"*Agna Chakra*" has got 2 petals.

It is formed by 2 lateral gangliated chains—Ida and Pingala.

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Detailed anatomy and physiology of the Shata Chakra.

(1) *Muladhar Chakra.*

It consists of two chakras, one superimposed over the other :

(*a*) The Mula Chakra (lit. Root plexus) connected with the sympathetic system corresponds to the Inferior Hypogastric or pelvic plexus, whose force is "Apan Vayu".

(*b*) The Adhar Chakra (lit. Basis plexus) connected with the spinal system corresponds to the sacro-coccygeal plexus, whose force is "Dakini".

The site of the "Muladhar Chakra" is described as opposite the Pereneum, midway between the penis and the anus. The pelvic plexus, says modern anatomy, is situated at the side of the Rectum in the male and between the rectum and the vagina in the female.

The "Mula Chakra" has been described as situated at the centre of the quadrangular "Adhar Chakra."

Near the mouth of the "Bajra" fibers or dry fibres from Filum terminale, which is two fingers breadth from the base of the genitals and in the pericarp of "Adhara Chakra", is a lightning-like triangular ganglia" named the "Tripura Chakra", the force of which is known as "Tripura Shakti" (a part of "Apan Vayu"). Here is the "Rudra Granthi".

In this "Tripura Chakra" (coccygeal ganglia or ganglia Impar) is "Kama-bija" (collateral sex centre). The higher psychic sex centre is situated at the "Kama-kala" Triangle (3rd ventricle of the Brain).

Connected with the "Tripura Chakra" and situated inside is the "Swayambhu Lingam" (conus medullaris, says Rele). It is a triangular pyramid (the seat of the sex centre in the spinal cord with its head downwards having an aperture in the centre of the head.

This aperture marks the termination of the central canal of the spinal cord and is closed by the "Kundalini" coiled like a serpent. This is the lower "Brahma dwara" or the tail end of the spinal cord.

The conus medullaris is the lowest bulbar enlargement of the spinal cord.

The "Kundalini" is identified by Prof. Seal as the coccygeal ganglia.

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By meditating on the "Kundalini" over the "Swayambhu Lingam" in the "Tripura Chakra" the "Kama-bija" (sex centre) is excited as in certain Tantrik exercises, the "virjya" (Semen or external secretion of the Testes) is withheld voluntarily, so that increased quantity of "Ojah" (sex hormone, Dixon's glycero-phosphate of lime and other salts) are secreted and absorded and feed and stimulate the nervous system, so that the "Yogi" becomes a king amongst men.

"The latent "Kundalini Shakti", says Sir John, "is the supreme 'Shakti' (*para-shakti*) in the human body, embodying all powers and assumes all forms. Thus the sexual force is one of such powers and is utilized. Instead of descending into gross seminal fluid, it is conserved as a form of subtle energy (ojah) and rises to "Shiva" in "Sahasrar" (absorbed by the nervous system) along with "Prana" (which is thus different from "Kundalini Shakti"). It is thus made a source of spiritual life instead of a cause of physical death (as a result of seminal waste). With the extinction of the desire of sex-connection, mind is released of its most powerful bond."

(2) *Svadhisthan Chakra.*

The site of the Chakra is described as situated at the root of the genitals and distinct from the "Muladhara." It corresponds to the superior hypogastric plexus situated opposite the promontary of the sacrum. Hindu anatomy believes that the "urinary centre" is located here. Within it, is located the "Jala Chakra" or the sacral plexus of spinal nerves whose force is "Rakini".

Just as the presiding "Devata" (God or force) of "Muladhara" is "Brahma" (creative energy deified in Hindu mythology), so the presiding "Devata" here is "Vishnu" (preserving energy). By removing the intestinal toxins through urination and defæcation, the organism is preserved.

The "Apan Vayu" of Ayurveda is the sympathetic force of both "Muladhara" and "Svadhisthana." The former is concerned with gestation, erection and ejection, the latter with defaecation and urination.

(3) *Manipur.*

It is described as situated at the root of the navel and is identified as the solar plexus. The largest ganglia of the body found associated with it, says modern medicine, is the semilunar ganglia.

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In the pericarp of the "Chakra" is located the triangular plexus of fire (Tejas chakra) which corresponds to the Lumbar plexus of spinal nerves.

It is the great katabolic (heat producing) centre of Ayurveda (seat of 'Pitta").

The solar plexus, as its name implies, says Yogi Ram charak (Hatha-yoga), bestows heat and energy to all parts of the body. The presiding "Debata" is "Rudra" (Katabolic or destructive force deified).

Leadbeater says that the various chakras absorb energy from different forms of cosmic force. We absorb energy from the sun through this chakra, from the earth through Muladhara, and from the moon through the "Chandra Mondal" (Luner plexus) in the brain.

The sun is the ultimate source of all cosmic energy, but when the sun sets and the moon rises, we derive some form of cosmic energy of sun, which passing through the moon is modified. Similarly when at a dark night there is neither sun nor the moon, we derive some other form of cosmic energy of the sun, modified in its passage through the earth. The Solar and Lunar spectrum are different.

If the moon can influence the vast sheet of water in the ocean, is it very hard to believe that our body, which is composed of over 75% of water, is affected by the moon also ?

Again the forms of cosmic energy derived from the earth must differ in presence or absence of the sun.

(4) *Anahata Chakra.*

It is situated in the cardiac region and corresponds to the superficial cardiac plexus. Over the pericarp of this "Chakra", is spread the "Vayu" or air chakra which corresponds to the Thoracic plexus of spinal Nerves.

Below the pericarp of this lotus is a red lotus with 8 petals, which corresponds to the deep cardiac plexus.

Here is the "Vishun granthi", the presiding force of which is "Vishnu" (preserver) deified. By respiration the oxygen is inhaled which katabolizes the body toxins by oxidation and the impurities which are volatile are got rid of, including CO_2 and thus body is preserved and kept healthy.

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In the heart are situated the centres of the following forces :—

(*a*) "Vayu-bija" (force of Vayu), the accelerator centre, corresponding to Biedle's ganglia at the junction of Atria and ventricle.

(*b*) "Bana-Linga"—in the middle, controlling the two, corresponding to Von Bizold's ganglia in the inter-atrial septum (middle).

(*c*) "Three-eyed Isha"—the inhibitory centre, corresponding to Remak's ganglia at the junction of Sinus and Atria.

Here is located the Manipitha or jewelled altar where is seated the micro-cosmic individual soul of emotional people.

(5) *Vishuddha Chakra.*

It is situated at the base of the throat and corresponds to the superior cervical gangliated plexus.

Here is also located the "Navo-mandal" (Ether Chakra) corresponding to the cervical plexus of spinal nerves.

Within the pericarp or area of control of this "Chakra" is the "Chandra Mandal" or Basal Ganglia of Brain, with which the superior cervical ganglia is closely connected by its ascending branches.

Associated with Chandra Mandal is "Sada-Shiva", probably the Gasserian Ganglia with its "five faces and ten hands."

The five faces of Gasserian Ganglia are the two nerves of origin which are the roots of the 5th carotid plexus, a division of the superior cervical ganglia, and its three branches, which are—

The ophthalmic branch or division } of the 5th cranial
The superior maxillary " } Nerve (Trifaced
The Inferior " " } Nerve.)

The ten hands correspond to the ten Nerves, which issue from these three branches as follows :—

Two ciliary bundles from the first division, four nerves from the second division :—

In the cranium
In the spheno-maxillary fossae
In the infra-orbital canal on the face ;

Four nerves from the third division :—

Recurrent meningeal
Nerve to Internal Plerygoid muscle
Anterior division
Posterior division.

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(6) *The Agna Chakra.*

It is situated opposite the space between the two Eye-brows and corresponds to the ganglia of Ribes.

Inside is the Shakti Hakini with six faces and six arms commanding the structures inside the cranium.

Within the lotus resides the subtle mind, in other words the subtle mind is controlled by this "Chakra," which is variously described as the "plexus of command", the "third Eye." The subtle centre of this Chakra is the Pineal gland, the vestigeal remains of the third Eye of some fishes. Here is developed the "sixth sense" of the "Yogis" which make them super men.

Within the "Yoni" (triangle), inside the pericarp of this "Chakra" is situated the "Itara Linga" or the ganglia of Ribes.

Lalana Chakra.

Besides the "Shata-Chakra" described above, we find in some "Yoga" books (not mentioned in Chata Chakra Nirupanam) a small "Chakra" of special importance in Yoga known as the "Lalana Chakra."

It is situated at "Talu-mula" (lit. root of palate) and probably corresponds to the cavernous plexus. The subtle centre of this Chakra is probably the anterior pituitary lobe. This "Chakra" is situated below the "Agna Chakra."

Relation between the cerebro-spinal and sympathetic system.

According to the ancient Hindus, the fourteen nerves described above are all connected with the Sushamna, at some part of its course Thus the cranial nerves are associated with it in its upper or cerebral portion (medulla and pons). The spinal Nerves as well as the sympathetic chains are associated with its middle portion in the spinal region (Sushamna proper).

The mysterious force Kundalini.

This force has been variously described by modern annotators of the subject, as follows :—

(1) *Dr. Rele's theory.*

"Kundalini" is the force of the vagus (Saraswati) and is sleeping (latent) and can be aroused by certain "Yogic" exercises.

Thus, "Yoga-Kundalini Upanishad" says that "Kundalini Shakti" may be excited, when the "Saraswati" is violently vibrated

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by "Kumbhak Pranayam", so that heart and lungs cease to act when the exercise is being performed.

Dr. Rele says that "Kundalini Shakti", when aroused, will overcome "one Chakra after another, rising by successive stages through the vagus."

Hindu "Yoga" books however state that when the "Kundalini is excited, it rises through the "Chitra Nadi" (Fibre of Reissoner) within the spinal canal" (Brahma-Bibar) by successive stages, overcoming the "Chakras" (their subtle centres inside the Sushamna) one after another. As vagus is outside the spinal, it is not the Nerve through which "Kuadalini" rises up. It helps the arousing of "Kundalini". Hence Sir John Woodroffe has said that it cannot be identified with the vagus Nerve.

(2) *Sir John Woodroffe's theory.*

"Kundalini Shakti" is the static form of creative energy and is therefore the same as cosmic energy. It is "the Grand Potential", a grogs form of "Prakriti" (creative energy), the residual power left after creating the world." It is thus "Prakriti" embodied and thus latent.

Ordinary creation, says Sir John, is "Involution" (change from spirit to matter). The reverse is the creation of Yoga, "Evolution" (change from matter to spirit or "Laya" *lit.* dissolution).

The above is a high metaphysical speculation in keeping with the old Hindu idea of creation and dissolution.

Now cosmic energy according to Ayurveda, as we find in the human body, may be ultimately resolved into three distinct forms, Pitta (destruction), Kapha (construction) and Vayu (regulation). If, therefore, "Kundalini" be constructive, it is one form of cosmic force.

"Kundalini Shakti" is the static centre of the whole body as well as its component parts, so that it upholds them." It cannot therefore be creative but regulative force, regulating the two opposite phases of construction and destruction going on continuously in the living body.

(*To be continued*).

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"DYSENTERY" AND ITS AYURVEDIC TREATMENT

BY

BISHAGWARA K. ACHAIAH, A.M.A.C.
Bellary.

——:o:——

Acute attacks of dysentery are common in early winter and summer, the leading symptoms of the disease being a number of motions with tenesmus. The bulk of the ejecta is blood and mucus. With some, there will be a slight rise of temperature ranging in individuals upto 103 degrees. Griping pain in the lower abdomen is a constant feature before defecation, which at times is so severe as to call special attention.

Treatment divides into palliative and curative parts By palliative I mean the household treatment adopted by patients. It is popularly believed that dysentery arises due to Pittaprakopa (Metabolic principle).

1. "Khaskas powder is eaten along with food".
2. Methi seeds, unparched, about a spoonful are swallowed with milk curds.
3. The mucilaginous water of *isafgul* seeds is drunk.
4. Tender Dadima fruit is maccerated into pill-mass and about 10 to 20 grains are taken.
5. With some, the use of a sedative compound is in practice.

Jathe phala
Opium
Kesari

The proprtions in the above compound are to be so fixed that approximtely the bulk is that of a Jathe phala.

A small percentage of cases are said to be unaffected by the above method of treatment but a large majority of themare cured after the curative treatment is begun.

The curative part :—Here, as in every disease, there is a long list of compound and single drug remedies. The choice of selection for a junior practitioner from this list is not an easy task. I had the opportunity of trying the treatment given below, which is very efficacious in a large majority of cases in a short period.

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Gangadharachurnam (Laghu) Grains 15
Ananda Bhairavrasa „ ¼
Mft. Pulvis 1

Four such powders, one at every fourth hour, are given for the first day or two and next :—

Gangadharachurna (Laghu) Grains 15
Calomel Grains ⅛
Mft. pulvis 1

Four such powders, one at every fourth hour, are given for four or five days and by this time a cure is effected.

Gangadhara Churna (Laghu of Sarangadharasamhita)

Salmali
Indrayava
Bilva
Lodhra
Dhatikiphuspa
Mustha
Add one part

All the above are used in Ayurveda idependently in Dysentery and every one of them has a selective action besides, and it is this combined advantage that makes this prescription a rational one in the treatment of dysentery. "Salmali" is an astringent tonic with properties of arresting hæmorrhage. "Indrayava" and "Bilva" are well-known specifics for dysentery ; "Lodhra" acts something like rhei and is grouped under purgatives by Charakacharya and others ; "Dhatikipushpa" is used in preparing medicinal wines to set up fermentation and "Musta" is a sedative, relieving intestinal colic withont secondary bad effects. (Ash. chi. chap. 1. Solka 18 Vyakhyana).

Anandabhairav Rasa.

Purified Aconite, F.
„ Cinnabar
„ Borax
Pippili
Thrikatu
Add one part

To be prepared into pill-mass with lemon juice by macceration for three days. This is a popular metallic compound for Atisara (Diarrhoea) and reduces temperature.

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Calomel of the Western Pharmacopea is used being cheap and readily available. In small doses, this is considered to stimulate Thyroidal secretion which is body's self-manufactured antitoxin. The Disinfecting property of calomel along the intestines is too well known.

Diet :—Bland diet as sago conjee with or without milk is allowed in the acute stage. Boiled and cooled water is enforced for drinking throughout the course. Rest in bed is advised as movement seems to increase the trouble. With reduction of the symptoms and return to health, easily digestible and non-irritating foods are allowed.

With these principles of diet and above medicines satisfactory cures can be effected, like the time-honoured specifics as emitine or Kurchi extracts and alkaloids. Even without the metallic compounds in the above prescriptions, patients are benefited by plain Gangadhara choorna alone.

I wish the readers of this journal to give it a fair trial in their cases.

Reports of Societies, etc.

—:o:—

ALL-INDIA MEDICAL CONFERENCE, 1929.

ADDRESS BY

COLONEL BHOLA NAUTH, C.I.E., I.M.S. (RTD.)

Chairman Reception Committee.

INTRODUCTORY.

A few days ago, a copy of the official annual report of the All India Medical Association was placed in my hands.

On opening the report, I read on the very first page this significant announcement, that "An all India Medical Association is the organ through which you can unite to fight the battles of your profession. For, it has been formed to protect the interest of every practitioner in India, to protect the interest of Public Health, of medical education and research throughout the country."

This, I take, is the avowed object and considered view of the Association, and you have met in conference today, to lay out your plans and discuss the ways and means of carrying on the work which you have in view.

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When you talk of fighting battles, and make use of militant expression, you lead one to imagine that you have a real or imaginary foe in your mind's eye with whom you wish to wage war.

This perhaps is your secret which for reasons of strategy you do not wish to disclose, and I need not be curious to guess as to what or who he may be.

It is permissible to surmise however that you have gathered together to take stock of your resources and to organise your army, with a view to mobilise it against any foe, and at whichever place you may be called upon to give battle.

In taking stock of your forces, you will have to go over the whole field of the medical profession in India, so as to pick and sort out the material and personnel for your field army You will have to study the weak points in your armamentarium, by which you will know the causes, which have retarded your growth and hindered your success, and what allies you can rely upon for help in the attainment of the object you have in view.

2. The British Medical Association has told us in one of its memorandums that the I. M. S. has been the father of the medical profession in India (1).

For the last 175 years or more, this grand service has held aloft the torch of medical lore and has helped to shed the light of Western medicine in India. Without going into heroics, as the British Medical Association has been doing, over the glorious traditions of the I. M. S. and the good work which it has done in awakening a medical and sanitary conscience in India, it is sufficient to note that your gathering here today is an eloquent proof, if proof were needed of the tribute of respect and gratefulness which the sons of India owe to the I. M. S.

3. In India, unlike anywhere else in the world, there are two medical professions which are divided by a sharp line of demarcation. One is the official and the other the non-official profession.

The official profession is the predominant partner which completely overshadows the other. The whole of the educational and research work, the medical relief and sanitation are in the hands of the official profession, and the part played by non-official profession in this domain is very small indeed.

In presenting a general survey of the medical profession, therefore, a larger part of the canvass must be necessarily devoted to the official portion.

In fact the non-official profession, being a late arrival, has forced its way on the stage, in spite of the remonstrances and protestations to keep him out of the way.

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(1) Br: M. A. memorandum page 2.

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The independent profession has not yet attained its adolescence, and has not taken its rightful place in the professional world

The official profession may be divided into a military and a civil branch.

The higher branch in the civil department is an offshoot of the military service

About 400 military officers are lent to the civil as a war reserve of the army, they do all the administrative and large part of the executive work of the Government of India and the Provincial Governments.

The subordinate service is the provincial service which works under the control of the ministers. These men are the independent parctitioners who have joined the provincial service. Therefore when we talk of the independent profession, we mean thereby those practitioners who remain outside the charmed circle of the imperial and provincial services.

In the independent profession are included a few European Missionary Doctors, European and Indian lady practitioners, and the Indian practitioners. Outside these again are the exponents of Unani and Vedic systems and host a of quacks and charlatans of all degree.

To put this classification into the nomenclature of the country, on the civil side the medical practitioners may be divided into four castes—.

(1) The I. M. S. men represent the Brahmins who like the Jews of Cohin, are divided into the white Brahmins and the Black Brahmins.

(2) The provincial service men are the Kshatryias.

(3) The private practitioners the Vaishyas.

(4) And the Vaids and Hakims correspond to the sudras of the profession.

With these few prefatory remarks I proceed to give you a general survey of the medical profession in India.

There are two military medical services working side by side in the army. The one for the British troops is composed of :—

1. R. A. M. C. Officers.—Who come out to India on a tour of 5 years. It is a purely British service which does not admit Indians to its corps. The number of officers is 320, which for about 63,000 troops gives a proportion of 4 M Os. per mille. of strength. The number of British troops in India in the pre-war days used to be 75,000, and the number of the R. A. M. C. officers was based on that number, but though the strength of the British troops has been decreased, the R. A. M C. establishment remains the same as before. This service has no civil side, nor does it keep any war reserves in the time of peace.

2. *Military Assistant Surgeon.*—These officers belong to the I. M. D. and are attached to British hospitals for duty. This class is not recruited

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from Indian but from Anglo-Indian community. They are educated at Government expense in Madras and Calcutta.

After obtainining a certifiate from the Principal of the school they are attached to British hospitals for duty not as medical assistants but as dressers, compounders, clerks, storekeepers or on draft duty with troops which are transferred from one station to another.

The number of Assistant Surgeons on the army list is 739, of which 346 are retained in the army and the rest are transferred to the civil department for duty as civil surgeons, railway doctors and superintendent of jails.

3. *Q. A. M. N. S.*—These ladies, 143 in number, are specially recruited in England for service in India for a term of 5 years.

4. *Hospital Corps.*—The rest of the hospital establishment of cooks, bhishties, dhobies, ward boys, &c. is recruited in India.

5. *Dental Corps.*—This corps has been formed of late and 39 of these are attached to the Indian establishment.

The other service which is in charge of Indian troops is composed of—

1. *I. M. S. Officers.*—This service is open to all British subjects without distinction of caste, creed, colour and nationality. The reform scheme lays down the proportion of Indians and Europeans as 33 to 67.

The total number of I. M. S. Officers according to the army list is 748, out of which 619 hold permanent and 129 temporary Commissions. In addition to these there are 174 officers in the army in India reserve of officers list.

Of the 748 I. M. S officers 449 are retained on the military side and 399 transferred to civil employ, which gives a proportion of ·3 M. Os. per mille, of strength on the military side.

2. *Military Sub-Assistant Surgeons*—Are 894 on the army list, 154 of which are transferred to the civil department, and the remaining are attached to military hospitals for duty.

3. *Q. A M. N. S.*—Of late 74 nursing sisters have been engaged for nursing duty in the Indian hospitals.

4. *Indian Hospital Corps.*—Since the adoption of the station hospitals system the menial staff of the military hospital such as cooks, bhishties, clerks, store-keepers has been consolidated into a corps.

Station hospitals.—During peace time the military sick are treated in combined hospitals, which are classified first, second and third class according to the number of beds in the hospital, which are calculated on the strength of the troops in a station.

These hospitals have up-to-date appliances of operating rooms, laboratories and X-ray equipment. The patients are dieted, and receive the benefit of the advice of specialists.

The number of beds in the British hospitals is 8,000 for 60,000 troops or a proportion of 13·3 beds per cent of strength. Similarly in the Indian

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hospitals there are 12,000 beds for 2,50,000 troops or a proportion of 5 per cent of strength. On an average more than half the beds in the British hospitals remain unoccupied throughout the year and the proportionate amount of equipment and personnel remain idle.

Field Service—On field service the procedure for dealing with the sick and wounded is different. To begin with, the station hospital is discarded and left behind by the field army. General hospitals and station hospitals are established on the lines of communication and further afield, field ambulances spread themselves out to treat temporarily and despatch the wounded and the sick down the line of communication. On the lines of communications and behind the general hospitals, ambulance trains, lorries and hospital ships transport and evacuate the sick from the hospitals.

In peace time the equipment of the field units is not in use. It is kept stored up. As the different articles belong to the supply of different departments, it so happens that the equipment of a unit is split up for storage in more than one station. For example, the tentage is stored up say in Secundrabad, clothing at Shahjehanpur, furniture at Alipur, and the medical stores in Bomby. Similarly the personnel is widely distributed for duty in various places. When the army is mobilised, a place of concentration is named in the order, where all the stores and personnel are dispatched. Owing to the long distances from which the stores and personnel have to be collected, it takes quite a long time before the unit is complete, and when completed, the personnel are new to the procedure, and the returns and forms which they have to use and it takes quite a long time before the unit is really in working order.

I. M. S.—The I. M. S, as a well organised service, has been in existence for the last 175 years or more. It has had the advantage of the accumulated experience of more than five generations of distinguised officers.

It has had war experience in India since the days of Seringapatam and Plassey. It has marched on the battlefields of Africa, Persia, Mesopotamia and the Western front.

With this vast experience of peace and war, one should have expected the medical machinery of this grand service the very last word in medical organisation.

This can be fairly judged by certain well recognised tests.

(1) From the point of view of adminstration as also in the interest of tax-payer it is necessary that the departmental machinery should be economical.

Administrative economy however does not mean stinginess or parsimony. It means the making of the best use of the personnel and material without much waste and idleness. In other words it means the

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turning out of the greatest amount of work with the smallest amount of labor and expense.

Judged by this test we find the medical machinery not only uneconomical but unreasonably wasteful.

For the sake of comparison, take a large town like Amritsar, with a population equal in size to the whole population of the Indian army. The civil medical department employs one civil surgeon, one health officer and a few assistants, who are in charge of the health, sanitation and the medical relief of not only the town of Amritsar, but of a large area in the district containing many dispensaries Against this the army department employs 769 officers and over 1200 assistants. This huge disparity between the two administrations in the same country and dealing with the same class of people cannot be explained by the scattered character of the military population Indeed the disparity becomes incredible when we compare the health conditions and the nature of the two populations.

The army population is uniform, healthy and in the prime of life Each man is carefully selected for good physique and freedom from all heriditary and constitutional disease. On joining the army he is at once protected against contagious and infectious disease. He is well fed, well clothed and lives in healthy barracks, built in healthy surroundings. The military discipline teaches him to live a healthy and clean life. He is regularly drilled and exercised and kept fit and healthy. In fact the theory in the army is that a man is either fit or he is unfit. In the latter case he is invalided out of the army and replaced by a fit man. These health conditions are reflected in the wards of the military hospitals which are empty, and the military sick returns which are clean.

Compared with this, the civil population is mixed. It contains the old men and women, who are feeble and dying, a fair percentage of them suffer from chronic malaria, malignant or heriditary disease.

They are frequently subject to the inroads of epidemic and endemic diseases.

Majority of them are half-starved, ill-clothed, and live in insanitary dwellings and unhealthy surroundings. They have no idea of personal or municipal hygiene. In such health conditions the percentage incidence of sickness must be and is large.

The hospital accommodation in all the Amritsar hospitals does not exceed 500 beds, while the army maintains 20,000 beds.

Is there any comparison between 500, and 20,000 beds?

Are we to infer from this disparity that the military life is so very unhealthy as compared to civil life that it requires 40 times more hospital accommodation for its sick? Can the army department show any justification for this enormous bed accommodation? From these considerations we can draw but one conclusion, that either the civil

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department is neglecting its duty by not employing 769 civil surgeons and 20,000 hospital beds for the people of Amritsar or the army department is overdoing its duty.

But the chapter of waste does not end here. We have had occasion to note that on an average more than half the bed accommodation in the military hospital remains unoccupied thoughout the year.

Go to any large military haspital, you will find perhaps 10 or 12 I.M.S. Officers on duty with not more than 60 or 70 patients in the wards to the outside. All of them pretend to be frightfully busy employing their time in the pleasant occupation of smoking innumerable cigarettes and drinking fragrant cups of tea in the duty rooms of the nursing sisters.

The army department helps to fill their time by calling upon them to furnish endless number of useless reports and meaningless returns.

The beds which are occupied contain nothing more serious than a cut or a bruise from a hockey stick, or a case or two of venereal desease or fever.

There being no medical or surgical work, the money spent on the elaborate equipment of operating rooms, laboratary or X-ray is so much money wasted. The same remark applies to the employment of specialists.

I might explain here by the way that in the army nomenclature, by specialist is not meant a man who has spent the best part of his life in the study of a special subject but in a great many cases an officer who has spent the tail end of his holiday trip to England in walking the wards of a special hospital and has obtained a certificate to that effect.

The excessive expenditure referred to above does not inculde the cost of maintaining two sets of barracks for the British troops, one on the hills and the other on the plains nor that of transfers and invaliding.

2. The second requisite of an efficient machine is that it should be elastic.

By elastic is to be understood a machine which can adjust itself automatically without hitch or difficulty to the different conditions which it may be called upon to deal. In the case of the military hospitals they should be able to expand when we have to deal with a larger number of sick and contract when not so required.

The station hospital was devised by the R.A.M.C. for use in England, where the climatic conditions are more or less uniform throughout the year. English climate is not subject to extreme variations of temperature nor is it liable to the inroads of epidemic or endemic disease. Under such conditions the sick rate within certain limits is uniform, and can be anticipated and provided for with precision

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Station hospital system is unsuitable to Indian conditions. In this country during the hot weather, when the heat is extreme, the troops are confined to barracks and are idle. Later on, with the downpour of the monsoon, the breeding of mosquitoes and the contamination of drinking water there is an increase in the sickness and the hospitals are busy form May to September.

In the cold weather on the other hand when the air is cold and crisp and the troops are out under canvass on active service conditions, the men are healthy and the hospitals remain empty from October to April.

Owing to the rigidity of the station hospital system the accommodation can neither be increased, nor decreased, which from administrative point of view involves waste of personnel and material for half the year.

The station hospitals were adopted by the I.M.S. in slavish imitation of the R.A.M.C. under the mistaken notion that the efficiency of the R.A.M.C. as a service was solely due to their hospital system.

This certainly is not the case. The station hospital is not the training ground for the field service. It is discarded on the very first call of moblilisation. The success of the R.A.M.C. therefore must depend on other causes.

In the 1st place the R.A.M.C. get the right type of man, a practical sanitarian, whose business is to prevent men from falling sick rather than to treat the sick. The army does not need professors. The outlook of the R.A.M.C. is military and remains military thoroughout his career. The I.M.S. man makes use of the military as a stepping stone to the civil. His work in the military is half-hearted His outlook is civil and he looks forward to the day when he can discard his military tunic and put on the frock coat and top hat of a Harley Street specialist. This is really the cause of his undoing, whether in Mesopotamia, Terah or the Western front.

3 The third requisite of a military machine is that it should be simple in construction as well as in working, so that it can be put into the field without difficulty and delay.

We have noticed that the station hospital is left behind by the field army and in its place a totally different procedure is adopted in the field. We have also noticed that the equipment of field medical units in peace time is kept split up and stored in a number of stations in India, that the personnel is spread over a wide area, that it takes quite a long time before the unit can take the field and another delay is necessary before it can be put into working order. It is clumsy and dilatory.

In peace time the material deteriorates and requires to be constantly renewed to keep it in a serviceable condition.

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To sum up, the medical machine of the Indian army is wasteful, both in the use of personnel and material, it is inefficient in peace time and dliatory for use in the field.

The Civil Medical Service.—The civil medical service in India consists of a provincial branch, which does the executive work and plays a rather subordinate role in medical work of the Government.

The other branch is the imperial which really is an appendage of the military medical service. Between 4 and 5 hundred officers are lent by the military department for whose employments 278 civil posts are reserved These posts include administration posts under the Government of India, and the Provincial Governments for the medical relief, sanitation, educational, and research work in the country. These officers also fill a number of executive appointments such as superintendents of jails and mental hospitals, medical store-keepers and civil surgeous

Such a combination of civil and military duties, which subordinates the needs of the civil population to the requirements of the military is unheard of in any other civilised country in the world.

To yoke a race horse with a country yoke does not produce an even or a comfortable pace in the team. The grotesqueness of a doctor going to see a patient with a sword in one hand and a stethoscope in the other had attracted the attention of the Government of India, as far back as the year 1879.

To remove this anomaly they appointed a departmental committee composed of Surgeons General Cunningham and Crawford to enquire and suggest remedies. They came to the conclusion that the civil side should be separated from the military. In the course of their report they wrote, "If re-organisation is to be attempted and that such is needed, none, who are acquainted with the present system, can deny it that it can be effected by no partial measures. The division of the civil from the military duties must be trenchant and distinct."

These recommendations were comunicated to the S. of S. for India, but were rejected owing to the war office taking exception to the unification of the military services. The S. of S conveying this decision in his dispatch 80 of February 1883 wrote :—

"Any scheme by which natives of India will be excluded from the commissioned medical services of India would give rise to serious objections and the difficulty would not be removed by the expedient of forming what would evidently be an inferior service, composed solely of natives of India."

The B. M. J., the organ of the Br. Med. Association, in its February No. of 1882 was no less emphatic.

"There is one possible solution of the difficulties which result from the constitution of the I. M. S. and the complex duties in which its officers

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are engaged and this solution is one which has been advocated by various able administrators in both services. The first step must be a complete separation between the civil and military services in India."

The Br. Medical Association has evidently a very short memory.

Towards the year 1897 the R. A. M. C. had fallen on evil days. It found it difficult to get sufficient number of recruits. The war secretary (1) wrote and asked the S of S for India if the Government of India would agree to the proposal of permanent separation of the Indian portion of the R. A. M. C. from the Home Establishment if its strength were increased by 40 officers (2).

The Government of India in a very superior despatch accepted the proposal but added that the increase of 40 officers should be made in the civil cadre of the I. M. S. and not in the R. A. M. C. Lord George Hamilton who was the S of S for Inda saw the game which the Government of India were playing. They were pushing more and more I. M. S. officers into the civil department on one excuse or another. He wrote in the course of his despatch No. 45 of May 1899, "I am unwilling to accept proposals based on the assumption that sufficient medical qualicfiation will never be found in India or elsewhere outside the I. M. S." This was the first hint of the Indianisation of the I. M. S.

In reply, the Goverement of India agreed with the original proposals of separating the civil service, but they played their card of unification of the military services for all it was worth.

In the years 1903-8 riding on the crest of the tide of the Morley-Minto reforms Lord Morley drew the attention of the G. of India to Lord George Hamilton's despatch in the following terms.

"Since 1899 successive secretaries of State for India have drawn attention to the objections to indefinite extension of the cadre of the I. M. S. for the purpose of providing for miscellaneous appointments, that service, though it may offer well qualified candidates, is not the only and may not be the most economical source of supply. Notwithstanding the necessity for restricting the cadre of the I.M.S, it has in recent years continued to increase and apart from other objections, its further increase would be likely to cause serious difficulty in the matter of recruitment. I have consequently decided that the time has now arrived when no further increase of the civil side of the service can be allowed, and when strong efforts should be made to reduce it by gradually extending the employment of civil medical practitioners recruited in India" (3).

To this dispatch the G. of India replied that about one third of the I. M. S. officers in the civil employ did not form part of the army

(1) Land Lansdowne.
(2) Lov. Com. Report para 7 p. 11.
(3) Lov : Com. Report para 8 p. 13.

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reserve and there would be no objection to the transfer to the independent practitioners, of the civil appointments held by them, but any such transfer should be gradual, tentative and from the bottom, and that the appointments reserved for the I. M. S. men should be such as to maintain the attractiveness of the service and administrative efficiency (1).

Lord Morley agreed and asked to be informed of the measures which the Government of India would suggest in order to carry out these proposals.

At this stage Lord Morley vacated the office, and with the advent of Lord Crewe the policy and the tone of the Government of India underwent a complete change. They wrote to the S. of State that they had written to the local Governments with the result, now found, that they had gravely underestimated objection to the contemplated transfer of appointments.

In the year 1911 the number of Indians entering the I. M. S. was materially increasing, this alarmed the army department, and they proposed to make the I. M. S. a purely civil service, and to organise the Royal Army Corps in such a manner as to enable it to fulfil all the military requirements (1).

These proposals, however, came to nothing.

The Public Services Commission in the course of their enquiry observed, that "the dependence of the civil medical administration on the military was a subject of complaint on the part of most non-official witnesses."

They therefore laid stress on the necessity for calculating separately on their merits the needs of the army and of the civil administration and for abandoning the idea, that the civil medical administration should be dependent on the requirements of the military service.

They recommended the formation of Imperial and Provincial Medical Services and the fixation of the number of Military officers employed in the Civil Department.

The report of the commission was pigeonhold from 1915—1917.

Outside the service circles, the Indian National Congress, the organ of the educated Indian Community, had in its session of 1893 demanded "that the civil medical services of India should be reconstituted on the basis of such services in other civilised countries, wholly detached from and independent of the military service."

On the other hand the officers of the I. M. S. had also sought outside help and had enlisted the co-operation of the Br. Medical Association in order to oppose any attempt to Indianise the service or to separate the civil side from the military (2).

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(1) Lov. Com. Report para 9 p. 13.

(2) Lov : Com. Report p. 15 and Br. Med. a Memo Oct. 30th 1913.

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This external agitation for and against the formation of a separate medical service culminated in the famous resolution moved by the Honourable Mr. Shastri in the Imperial Legislative Assembly on the 8th of March 1918. In the course of his famous speech Mr. Shastri said, "That the coming in of the I. M. S. service in the civil employ shuts out Indian talent, hinders progress of the independent medical profession and makes the civil population for their ordinary needs depend upon a service, which is called upon to serve in the military both at beginning and at the end of their career and in war time would not be available at all. When, therefore, we are asking that a complete separation should be made, it is impossible for us to countenance the suggestion that in order to make the civil employment attractive to officers' their salaries should be raised, and a further drain imposed upon the country——let me say that it must not be allowed any more to dominate the whole of the civil medical profession, to keep the children of the soil out of what is their rightful place, and generally to check the growth of the independent medical profession and make the professorial and research chairs their private appanage."

The result of all these internal enquiries and external agitation was that the Government at last made their mind to Provincial and Imperial service and under the regulations framed by the Secretary of State in council in 1923 under rule 12 of the Devolution Rules, the number of appointments which are to be reserved for the I. M. S. was fixed at 268 in the provinces.

This is the utmost yield of 50 years of political agitation.

This is a convenient place to consider the grounds on which the continued combination of the civil and military side of the I. M. S. is insisted upon as also the grounds on which increased Indianisation is opposed.

The advocates of the combined civil and military service base their case on certain grounds which may be summarised as follows :—

(1) That it is necessary for the Indian army to have a reserve of medical officers who could be usefully and economically employed in the civil department.

(*a*) This argument had some weight in the old days when there was no independent profession in India, to supply medical medical men in time of emergency. That, however, is no longer the case. As a matter of fact over 1,000 civil practitioners had actually joined the I. M. S. as temporary commissioned officers during the Great War, and there are at present over 175 officers on the reserve list of the Indian army.

(*b*) The R. A. M. C. has no such reserves nor any other army in the world maintains them.

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(*c*) During the course of examining the military medical organisation, we had occasion to note that the army department has a much larger number of I. M. S. officers on the active list, who are over and above their requirements, the army reserve is there in actual employment.

(*d*) The officers who have been in the civil employment for some-time, deteriorate from the military point of view, and cease to be of any use as reserve for the military service.

The report of the Esher committee is conclusive on this point (vide section 3 para 47).

"Military opinion as represented to us by many witnesses of high authority and recent experience in the field was practically unanimous in holding that the officers of the I. M. S. lacked the necessary training for work in the field. This defect is attributed to their inferior military training under the antiquated regimental hospital system now abolished, their ignorance of the principles of military administration in the field, their lack of familiarity with the latest developments of military hygiene, of preventive medicine, and of miliitary medical science.

It is clear that though in theory the outlook of the I. M. S. in the past has been mainly civil, the best officers have secured civil appointments as early as possible, and have lost touch with the military side of their profession. They are consequently at a disadvantage when recalled on the outbreak of the war or reverted towards the end of their service to hold military administrative appointments."

This is as strong a condemnation as it can be, of the present system of keeping the army reserves in the civil employ.

(2) The employment of I. M. S. officers in the civil department is an attraction to enlist good class recruits.

(*a*) This can be of no advantage from the point of view of the military service, because as we have seen above, the man who goes to the civil department is lost to the military, whether he comes back to it or remains in the civil.

(*b*) The army population is composed of healthy men of good physique. It needs sanitarians not professors.

(*c*) Good class medical men do not care for the services at all whether it is the I. M. S. or any other service. It is only such men who cannot make a living in their profession who seek the army service.

(3) That the military rank gives the holder a higher social position, therefore if the two sides are separated, good class of recruit will not joln without the attraction of the military rank.

It must be borne in mind that the army surgeon is a doctor first and a military man afterwards. His worth and value lies in his profes-

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sional skill and not in the tinsel of his army rank. A good man, who is keen on his profession, will join the civil medical service whether he can do so with the army rank or without it.

(4) A preponderance of the British element is necessary for the efficient administration.

Our examination of the medical machine has shown that it is highly inefficient and unwork-man-like. Besides this, the reports of Mesopotamia and other campaigns prove that this claim is hollow and without foundation, these reports have further proved that, given an equal chance, the Indian officer is equally capable of efficient administration.

Before Examining the Government of India communique of 1928 let us pause and cast a retrospective glance at the sequence of events which we have been considering in the above paragraphs.

During the latter part of the last century, the question of reorganising the medical services was discussed, from the point of view of economy and administrative efficiency as a purely domestic concern.

On the military side it was realised that the services had become antiquated. The existing system of maintaining two services side by side was an anachronism, which could be justified only in the days, when the army of the East India Company was separate from that of the crown. It was felt that the machinery needed overhauling, and a unified service was therefore suggested.

But the War Office found it impossible to accept these proposals owing to the impracticability of admitting Indian candidates in the R.A.M.C.

On the other hand the requirements of the civil department were increasing every day, and there was a demand for more teachers, research workers, and sanitarians, while the supply of recruits was becoming more and more inadequate in quality and quantity. It was therefore considered necessary to form a separate civil medical service. This scheme was frustrated by the vested interests of the I. M. S.

In the period of which we are speaking small clouds had begun to form on the political horizon of India and gather round the Congress pandal in their annual gatherings.

The spell of the magic of Swaraj had been breathed by the Grand Old Man of India, and this acting like a charm had fired the imagination of Indian Nationalism, and stirred in its breast new hopes and ambitions.

The reactionaries of Anglo India shook their heads at the very idea of political advance. They were quite happy with their Noahs arc of the old constitution. But there were men of political foresight who had warned them to take measures in time to save the ship of state from the fury of the storm.

The Indian politician had very early realised that the monopoly in the services was the keystone in the arch of the Indian Autocracy. With

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the new strength of nationalism, he attacked the arch with vigor and demanded Indianisation of the services.

Lord Morley, who was at the helm of the ship of state, had found it difficult to supply the increased demands of the services Now he began to feel the pressure of Indian Nationalism from outside. Moreover he realised that the demand for Indianisation was not only just but natural. He therefore suggested to the Government of India that a certain number of miscellaneous appointments may be released by the I.M.S. and handed over to the independent profession as the only way of getting over the double difficulty in which he found himself. By this means he thought he could relieve the difficulty of the supply of recruits and meet the political demand of the Nationalists. He further hoped that in time to come as the Independent profession improved, it could supply larger number of recruits and make India independent of outside supply.

But this was not to be.

The I. M. S. man thought otherwise.

He said there was no dearth of the supply, only the service had ceased to be attractive. The pay was inadequate as it had not kept pace with the increased cost of living, the income from the private practice had diminished owing to growing competition of the private practitioner ; the house accommodation was becoming scarce ; leave was insufficient ; and worst of all the future was uncertain (1).

He was living under the rumblings of political clouds, and he did not know what was going to happen tomorrow.

As for the idea of increasing the number of Indians in the service, it was simply unthinkable. The Indian, coming as he did from non-martial races, and of inferior social status was disliked alike by the Britsh Officer and by the Indian ranks. His professional knowledge was not of a high order, it being more theoretical than practical ; he lacked initiative and the sense of taking responsibility (2).

As regards the independent practitoner, he will take a long time to learn the rudiments of professional ethics and sense of honour. Therefore the service man saw in these proposals of the Secretary of State for India a threat to the service and a direct challenge to its very existence (3).

He raised the alarm, and the cry of the service in danger was taken up by every service man in the country.

A general mobilisation was ordered and every available man was called to arm.

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(1) Br. med. A. memo p. 2 and 3.
(2) Memo p. 5 and 11.
(3) Memo p. 3.

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He proceeded to lay out his plan of compaign with commendable zeal and consummate skill. Every weapon, clean or otherwise, was brought into use and it may be said to the credit of the service man that he did his work well and thoroughly.

Hitherto he had been fighting underground and under the cover of the D. G. I. M. S. who spoke with the tongue of the Government of India. Now he came out in the open.

By way of propaganda, he collected and catalogued the wrongs which he was smarting from, not forgetting the objections which he could think of against Indianisation. A pamphlet, prepared and printed in Madras, was sent out by thousands to all the medical schools and hospitals of Great Britain and Ireland, to all the Anglo-Indian officials and non-officials, and the Anglo-Indian press.

Next he proceeded to give the Secretary of State battle on his own ground and besiege him in his own citadel.

Every officer who went home on leave, like Peter the Hermit, trudged from school to school, and preached in the pulpit of every hospital a holy war and called upon all the true believers to save the service from the hands of an infidel Secretary of State (1)

He raised a storm round the India Office. Memorials were sent in his favour by the Indian Services ; by the boxwallas of Calcutta ; by the shopkeepers of Bombay ; and by the planters from distant Assam. He interviewed and canvassed all the officials in and outside the India Office, and duly approached the members of all the commissions which were appointed from time to time. The British Medical Association, which has always been inimical to the interest of the Indians as against those of the Europeans, took up the cause of their allies with alacrity.

This body is the trade union of the medical profession and it adopted trade union methods. A naval and military committee was formed to whom the conduct of the active operations was entrusted. This war council included old warriors of the type of Elliot, Patrick Hehir, Giffard, and O'kanealy. They were our old friends but with the new faces of the British Medical Association. This Committee reprinted the Madras memorandum as the official publication of the Association. A deputation waited upon the S. of S. headed by the redoubtable Lt.-Col. Elliot who warned the S. of S. of the dire consequences which would befall the Government of India if the pivot service on which hung the administrative machinery of the Government was not kept well oiled and greased (2).

(1) Br. Med. A. Memo p. 2.

(2) Br. med. A. memo p. 25, 26, 27, 28.

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An ultimatum was delivered in the shape of the memorandum. A general boycott was called in all the schools and hospitals of Great Britian (1).

The position had crystallised into this, that the harmless suggestion of Lord Morley had developed into a serious *casus belli* between the Government and the service. The I. M. S. with the help of the British Medical Association had cut off the supply of recruits and warned the blacklegs from breaking the boycott. They had brought pressure to bear on the Government from every imaginable source that not only the presence but the preponderence of the English element in the service was necessary for the very existence of the Govornment of India. In the midst of these operations, Lord Morley vacated the India office. His successor was a man of a diffierent type, whose views on the subject were more in harmony with those of the I. M. S. He saw that the independent practitioner was the *bete noir* of the service man, he dropped him overboard, and eliminated him from all further discussion. By this means a truce was called. And in the peace negotiations which followed, the questions for consideration assumed a different shape.

The matter which was referred to a number of Committees and Commissions was neither the improvement of the indigenous profession nor the Indianisation of the service, but how best to placate the irate I. M. S. man. The pages of the roports of these commissions are a sad record of the struggle between justice and iniquity, between fairplay and vested interests. This brings us to the time of Mr. Montague.

The commissions had done their work, their labors had culminated in the recommendations of the Lee Commission which has very aptly been called the Lee Loot. Poor Mr. Montague, he had his conscience in one hand, the Lee Report in the other. His hands were tied. He fought for the righteous cause of Indianisation, but the odds were heavily against him. He made the best bargain for India, which could be made under the circumstances. Peace was singned, the I. M. S. man won all along the line. He received the Lee Loot in war indemnity and placed a die hard at the elbow of the secretary of State for India to give a reactionary turn to the policy of the India office.

The Government of India Press Communique of 10th May 1928.

Now we are to examine the communique a little carefully and at length.

Under the regulations framed by the Secretary of State in Council in 1923 under rule 12 of the Devolution rules, 268 appointments were reserved for the I. M. S. in the provinces.

(1) Brit. Med. A. Memo p. 38.

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The new scheme under the Press Communique will reserve only 178 posts in future, thereby releasing 90 posts for the provincial medical services. The adoption of the new list of the reserve posts will leave on the civil side a surplus of I. M. S. officers who are holding appointments which are at present reserved for that service. The existing rights of these officers will be fully preserved, and prospects equivalent to those afforded by the present list of reserved posts will be retained for them.

These prospects will be allowed to diminish only pari passu with the absorption of the surplus, which will exist, until the number of I. M. S. officers now in civil employ is equal to the unmber of posts reserved for them in the new list.

This means that the new scheme will not come into force, much before another 20 years. So there is no hurry, but we might as well examine the scheme.

On the face of it the scheme looks too good to be true. From our previous experience we know that the Government of India is anything but impulsive, it is not given to acts of spontaneous generosity. To take 90 posts from the mouth of the I. M. S. and hand them over to the provincial service without any provocation is generous indeed, but it is not like the Government of India.

We may therefore be pardoned for seeming ingratitude if we venture to look at the old horse in the mouth, to make sure if he has got any teeth.

The figures given in the communique are based on two facrors.

1. The war reserve of 200 officers (134 European and 66 Indian officers.)

2. Civil requirement. 102 residuary officers, 46 in the provinces and 41 under the Government of India plus 15 officers who will not be available on account of sickness.

To provide employment for 302 officers 237 posts will be required, the remaining 65 will constitute the leave and study leave reserve.

Of 302 officers 212 will be European and 90 Indians.

The 237 posts will be distributed as follows :—

Under the Government of India 30 posts, under the Foreign and Political department 29 and under the Provincial Governments 178.

Annexure 1 of the communique further gives the distribution of the 178 provincial posts and annexure 2 gives the distribution of the posts which are open to both communities.

From this distribution we gather that :—

Of the 237 posts, 171 will be filled by Europeans and 66 by Indians, that out of this number 141 will be reserved for Europeans and only two for the Indians, and the remaining 94 will be open to both Europeans and Indians.

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Of the 105 Civil Surgeons 90 are reserved for the Europeans, none for the Indians and 15 are open to Indians and Europeans.

Of the 15 professorial appointments, 12 are reserved for Europeans, 1 for Indians and 2 are open to both communities.

In the political and foreign department, only 3 posts are open to Indians and Europeans and the remaining 26 are reserved for the Europeans.

One may be sure that if the Indians do ever get these political posts, it will be one of those salubrious stations, like Sibi, Siestan or Maskat.

Curiously enough the annexures are silent about the appointments of Inspector Generals of Hospitals, Provincial Surgeon Generals and Directors of Public Health. We are left to imagine that these posts are also provincialised.

It is a well known fact, however, that these posts are invariably filled by promotions from civil sergeous and if the civil surgeoncies are so carefully reserved for Europeans it is not likely that these posts will be given to Indian I.M.S. officers, much less to the provincial services. The same remark applies to the post of D. G. I. M. S. and Health Commissioner with the Government of India.

Is there a need to make any comment on this benevolent jugglary except to recall the story of the wily blind man, who when distributing sweets to the village children, finds his hand invariably in the mouth of his own grand-children.

To give you a concrete example of this rob Peter to pay Paul policy, how it will affect the Indian interests.

In the Punjab 7 civil surgeoncies are held at present by Indian I. M. S. Officers. In the new scheme there will be none. Are we to understand that the Government recognise their obligation to a handful of Europeans in leaving 11 Civil Surgeons of their race, but in the case of the vast Indian population they repudiate their obligation in taking away the 7 Indian Civil Surgeons.

Out of the 3 professorships held at present by the Indians, there will be one under the new scheme.

Similarly in Madras Presidency according to the combined civil list, 6 District Surgeoncies are at present held by Indians, in future only two will be open to them in common with the Europeans. The same is the case in other provinces. On examining the scheme carefully, we thus find that the provincialising of the 90 posts, which the new scheme contemplates will be effected at the expense of the Indian and not European interests.

This is regretable and it is more so, as the dispatch embodying these proposals was presumably prepared by an Indian Secretary and signed by an Indian member in charge of Health, but our grief is

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somewbat mitigated when we come to remember that the honourable author of the dispatch was a signatory of the Lee Commission report. But may we ask, on what ground has this racial discrimination been introduced in an imperial service.

Communalism is condemnable in all conscience in every walk of our national life. It is simply damnable when applied to Imperial services, which are the backbone of efficient administration, It demoralises the service and undermines its efficiency.

It is astonishing that the Europeans, who are so loud in blaming Indians for communalism, should be the foremost to demand it for themselves on racial grounds.

And even if communalism was allowed in I. M. S., on what principles of equity is the disproportionate distribution justified that a microscopic minority community should monopolise the largest share of all posts of authority and emolument.

May we enquire in all fairness as to why the proportion of 33 to 67 has not been maintained throughout the distribution of these posts, and if 90 posts had to be surrendered to the provincial service, why were they not taken in the same proportion out of the posts at present held by Europeans and Indians.

I must warn my friends of the provincial services not to be jubilant over this windful of 90 posts. The Gods have a way of playing hasty tricks. They give with one hand and take away with the other. Some of these posts will be advertised and such conditons will be demanded that the provincial service man will have no chance of getting them. The chain of the strangle hold is complete, the links of the chain extend from the district surgeon to Simla and from Simla to London. A post may be provincialised, even sanctioned by the local Government and the Goveanment of India, but it may be cancelled at the last minute by pressure and wire-pulling at the India office. This is how the good intentions and the change of heart a Secretary of State are frustrated by vested interests in actual practice.

Private Practice. —In a memorandum which was prepared by the Br. Medical Association for presentation to the Royal Commission on the Public Services in 1914 we read the following significant remark :—

"Less than a quarter of a century ago, the private practice among all classes and races in India lay in the hands of the officers of the I. M. S. and large fees were frequently and compratively easily obtained. Any man of average ability and industry could, especially in civil employ, be sure of considerably augmenting his income by means of private practice, whilst a few made considerable sums of money thereby.

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Those were the halicyon days of the official practitioner, when he was the sole monarch of western medicine, and there was no one to dispute the empire of his private practice.

He was on the top of the tree.

He owed his position to more causes than one.

In the first place he had the prestige of his race. As a white man, whatever he did or said was superior. He had his official position, in virtue of which he formed part of the Government machinery.

He found a place on the municipal and district boards. He was present at all functions, official and non-official, at every meeting and at every place. By his word, he could accept or reject candidates for Government posts, by his writings he could grant leave and pensions. His word had weight, his writing had value. His consultations were sought after at high price. The majority of the population in an Indian district is official. The officials and their families were on his panel, which assured him his clientel and practice. He need not keep a consulting room nor spend a penny on the parphernalia of his profession. This was provided for him by an obliging Government. There was at his disposal a well equipped hospital, a trained staff and every facility for pathological and clinical investigation. In large towns, private wards were built for the benefit of his paying patients.

In the hey day of his greatness, the practitioner had omitted to earn the good will of his client—the patient who was the source of his income, and prosperity. He paid no heed to his customs, his habits or manners and neglected to learn his language.

The Indian by nature is sentimental. He is quick of perception, sensitive equally to kindness and insult The physician to an Indian is a friend, a guide and a confidant. He seeks his aid in pain, his advice in trouble and lays bare his heart to him in sorrow. The key to the Indian heart is kindness, and the key to the heart of the sick is sympathy.

These sacred mysteries of the healing art are not learnt in schools of medicine, they are acquired by experience.

This mystic ritual was never practised by the European practitioner.

His brief and short visit was looked upon by his patient as official, not professional. His peculiar foreign mannerism and his monosyllabic conversations lacked the sympathy which he needed most.

Hitherto the official practitioner had to face only an ill-conditioned vaid or hakim whom he could afford to ignore or even to treat with contempt. But the wind had veered and the tide had turned. A new actor had appeared on the stage of private practice. The new nationalism had given birth to the private practitioner.

The newcomer was educated in the same school, was armed with the same weapons of precision, of diagnosis and treatment. He was his

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equal in intelligence and professional skill, his superior in diligence and the knowledge of his patient, gentler in manners, sweeter in speech, his heart beating in rythm with the systole and diastole of his patients' heart, sharing with him his joys and sorrows.

The challenge was short and the tables were soon turned.

The Br. Medical Association in its memorandum dated 1919, page 12, para 4 thus sorrowfully describes the result of the new competition :— "The indigenous profession is in a very active and virile state, and instead of the officers of the service encroaching on the rights of independent members of the profession, it is they who have acquired the practice formerly enjoyed by the officers of the service."

The story of the birth of the independent profession is romantic.

In the early days of John Company the need was felt for medical assistants. A few young Indians were trained, and given employment in hospitals as hospital mates, and later as black doctors. Later still, as the demand increased, it was found necessary to improve their quality. The first medical College was opened in Calcutta in the year 1822, and in the wards of this venerable institution was born the infant independent profession of India.

As the object of the training was to produce assistant, and not a rival, the birth of the infant was not hailed with joy.

It was regretted. The resentment employed means to prevent its birth, but it came into the world all the same, in spite of all contraceptive precautions.

The infant, contrary to the expectations of the parent, showed signs of precocity and gave early promise of rebellion.

The parent frowned at him, and neglected his care. He denied him his patrimony.

Unforunately the child had inherited the mental weakness of its parents. The parents had suffered from a mental affliction called swollen head, the chief symptom of which was megalomania.

The mental weakness of the offspring took a different form.

He could see and appreciate only one color, the white, the other colors were invisible to him. The new disease was named by an Ahmedabad pathologist as cerebral albinism, or popularly slave mentality.

Further investigations proved the malady to be due to microbic infection and a carrier called the titles was also discovered.

To my mind the chief cause which is responsible for the utter demoralisation, which has overtaken the profession, is its slave mentality.

Slave Mentality is a universel disease in India. It afflicts alike the poor and the rich, the high and the low. It has demoralised the whole nation, and dereriorated eveay fibre of its body politic.

So far as the medical profession is concerned, this malady is found in two forms.

In the first form it creates an inordinate craving for the loaves and fishes of office. The victim of this disease looks upon Government service as the end all and be all of his ambition. The fetters of the service have a peculiar fascination for him. It makes him short sighted, and restricts his vision to the narrow paths of service life. He cannot see the green fields and the beauties of nature beyond, nor hear the song of birds.

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Service of all kinds is demoralising ; it stunts the growth, restricts the action and makes the servant the slave of his master. In the hands of his master he is an automaton, a mere marionet, which can only dance when his master pulls the string. He cannot speak, his mouth is closed. He cannot act, his hands are tied. He cannot think, he has lost his soul.

And suppose you do get Government service, and all the posts in Government are given to you, at the most there are not more than a few hundred of these posts. Will that provide bread for the thousands of medical practitioners of to-day, and many thousands more of to morrow.

Be true to your profession and to your name. Remain independent and do not think of bartering your independence for a mess of pottage. Keep your head high, and fix your gaze on the realm of nature which the prodigality of scientific research opens out before you.

Another toxic effect of this malady is that it kills out the moral fibre of self-help, self-respect, and independence of character and brings about a state of inertia of action, paralysis of faculties, and renders the victim utterly helpless. He becomes listless and apathetic, vacuous in mind and boby. He can do nothing for himself, even for every little thing, he needs the help of others.

For your professional work, and for earning a living, you require infirmaries to treat the sick for educational and research work, you need laboratories and schools, and lecture halls.

You sit helpless. You have no means and no resources. You cannot build them. You wish the Government to build them, equip them, for you want them to hand them over to you ready made. Swaraj is selp-help, without selp-help there can be no Swaraj. In the school of selp-help as much as in the school of medicine a long period of preparation and probation is necessary. The lessons of Swaraj cannot be learnt in a better school than a school of medicine. Be pioneers of the future nation of India. Build your own hospitals, and other institutions, manage them yourself, and show them what indigenous talent can do and make medical swaraj the object lesson to the whole of India.

The medical services committee presided over by Sir Verney Lovett make the following observation in their report on pages 21 and 23 dated 1920 :—

"However much medical graduates may multiply, they will not spontaneously incline to practise in the villages and smaller towns where no dispensaries have been established by the Government or local bodies. An increasing number of graduates will multiply aspirants for Government service or that of local bodies. An increasing number of graduates will multiply aspirants for Government Service and will increase the number of independent practitioners in the cities and large towns but will not by itself advance western medicine or sanitation in the country at large."

The Lovett Committee with the rest of Anglo-India imagine that the country is rich, and that the pagoda tree grows wild in rural India.

Perhaps they are right from their point of view.

When they ask for increase of pension and pay they get it, when they demand free passages to England they get it, when they cry for house accommodation, Government builds palatial buildings for them and charges nominal rent. Yes God is Great, the Government is good, and the country is rich.

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But when money is required for sanitary reforms, for medical relief, for the supply of drink-water, for building modern tenements, or town planning, there is a different story to tell, there is no money in the country, the people are fatalists, they can only die but once.

The private practitioner does not go to the village through any perversity of nature or cursedness but because he cannot make a living there.

The condition of poverty in the Indian villages is appalling. 80 to 85 per cent of the Indian population lives in village. Many of them live on the verge of starvation, millions live only on one scanty meal a day ; they are insufficiently clothed and live in mud hovels or thatched huts without any regard to sanitation or cleanliness. The surroundings of their huts are infested with mosquitoes. Poverty is writ large on every face.

In this condition of semi-starvation they have no power of resisting disease. When they fall ill, they find our allopathic friend too expensive. They cannot buy the medicines which he prescribes, nor have they the means of procuring nourishing food, warm clothes, soap and hot water which he recommends.

The village hakim or vaid with his homely pill and potion worth a pice or two, is good enough for them. They might try a charm or incantation or some other form of quackery, but not the devotee of western medicine.

It is simply an economic question. People starve, because they are poor ; they fall ill because they are poor, they call in a quack because they are poor, and finally they die, because they are poor.

In such poverty stricken surroundings, western medicine and western methods are out of place.

For the attainment of the object you have in veiw, the first and foremost desideratum is

1. *Discipline*—Without discipline, you cannot raise the morale of a demoralised army.

In old times in our country the system of education imparted to the young was such as to engrave on the mind of the youth a respect for learning, reverence for age and obedience to authority.

This triple respect which formed the sacred foundation of our national discipline and culture is being undermined by the strange ideals which the Western education is holding forth to our new generation.

2. *Organisation*—The second requisite for the betterment of the profession is Organisation.

You have heard the story of how the I.M.S. with their disciplined organisation have suceeded in their agitation and brought down to their knees the S. of S. for India and the Government of India.

You have learned the rudiments of your profession from the I. M. S. Learn also from them the important lesson in discipline and organisation. Unless yon walk in their footsteps and follow their methods you will not be able to hold aloft the flag nor maintain the high traditions of the profession which you will receive as a sacred trust when the time comes for the I.M.S. to hand it over to you.

3. *Co-operation.*—We are students of science, we must follow the methods of science and pursue its ideals. The ideal of science is the pursuit of Truth and the conquest of nature for the service of man.

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The victory over the forces of nature cannot be gained by individual efforts, however great and colossal. Only by combined efforts can man conquer nature.

To bring about a combination of human efforts, science had to span the oceans and dismantle the barriers of mountains and deserts, and bring the members of the human family together, and it was not till the united efforts of mankind were consecrated on the altar of humanity that nature yielded the jealously guarded treasures of her secrets. The methods of science are collaboration and co-operation.

The life of a recluse who told his beads under the banyan tree in an isolated village is gone for ever.

Modern science has placed before us the struggle for existence as the stern reality of life. We have to fight in phalanx and not as individulas if we mean to survive in the struggle.

We are denizens of a larger world and citizens of a larger republic. We have to collaborate not only with our own countrymen but with fellow citizens of a larger empire.

4. *Mutual trust.*—But co-operation and collaboration is possible only where there is mutual trust and confidence.

Complete confidence can be inspired only when underlying your actions is no selfish motive, no tinge of jealousy, no desire of personal gain or popularity, when your motive is pure and disinterested. You can do a lot of things by co-operation and collaboration with your fellow brother practitioners which are beyond your powers individually.

5. The highest teaching of religion is charity, self-sacrifice and love. These teachings have been translated into practice by your profession. Medicine is the practice of religion.

The consecration of medical science in the service of humanity to allay pain and relieve suffering has appealed to the noblest instinct of man in all times.

India, the home of religion, is the home of charity. The charity of India is multifarious. It digs wells for the thirsty, builds shelters for the homeless, clothes the naked and feeds the hungry. Its charity is indiscriminating. It gives to the hand that is stretched whether that of a deserving beggar or the hand of a hypocrite. It is catholic, it makes no distinction of caste, creed and color. It is boundless. Eleven million of beggars, according to the last census, are fed, housed and clothed daily by Indian charity, without a single poor-house in the country. If India is spending at the rate of 2 annas per beggar per day, she is spending 14 *lakh* rupees a day in charity. She is regardless of the enormous national loss it involves—moral, intellectual, manual and economic. What a stupendous flow of misdirected benevolence! Could this Niagra of charity be harnessed and its spontaneous flow directed into channels of utility! What a boon to humanity. What problems of sanitation and medical relief could we not solve. How much could we not do to relieve unemployment.

This stupendous task might be attempted, if not with camplete but only partial success.

No one can attempt this better than a medical man. No one can reach nearer to the heart of the charitable than the man of our profession.

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The Unani and the Vedic systems.

No scheme of medical reforms can be complete without taking some notice of these ancient systems.

It is no use shutting our eyes to the fact that these systems have played in the past and are playing up to this day a very important part in the Indian economy. Millions of people flock to the vaid and hakim every day for relief or cure. If the Hakim did nothing but harm, if he always killed but never cured, it is inconceivable that so many people, however ignorant they may be, would trust their life and health into his hand. In the face of this prima facie evidence it is unfair to deny some good to the Hakim. The attitude of lofty contempt, which the profession has adopted towards these worthies, is unfair. In the first place it has made the hakim a martyr in the public eye. The hakim is more popular to-day than he was ten years ago. One hears from the lips of well educated gentlemen marvellous stories of cure by hakim where eminent doctors had failed. In the second place it has given rise to quacks and charlatans of all degree as can be witnessed by the advertisements in the Indian Press.

I hold no brief for them. All I suggest is that by adopting a more sympathetic policy, we can make these ancient systems useful to the poor in remote rural areas, which lie beyond the reach of our dispensaries. At present the hakim has no prescribed course of training and passes no examination, and it is difficult to differentiate between a respected and popular hakim and a quack. I therefore suggest that as a first step, facts should be collected, with regard to the number of vaid and hakims, their modus operandi, the length and the course of their training, etc. As a second step, to persuade these men to fix a course of training of their own and a system of examination and granting of certificates.

After this has been done, it would not be difficult to introduce by degrees modern science into their carriculum, and by these stages to bring them into line with modern requirements. I know a number of hakims and vaids who realise their difficulties and are willing to learn and remove defects, but they want a helping hand

Gentlemen now I bring my address to a close. I thank you for giving me a patient hearing.

I have retired from the service and have retired from public life and you have dragged me out of my peaceful retirement. You have made me speak and I have spoken.

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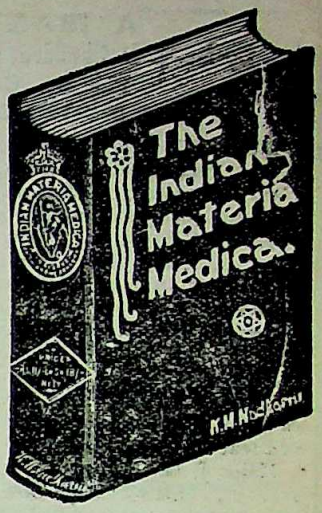

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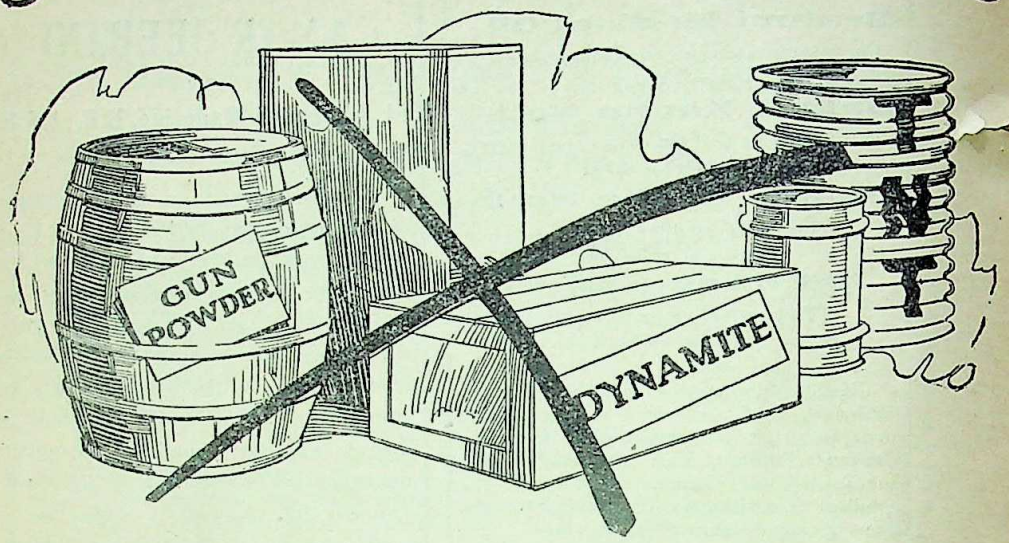

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THE JOURNAL OF AYURVEDA

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Diagnosis and Treatment

It may now be asserted without any fear of contradiction that the ultimate end of all medical sciences is Diagnosis followed by Treatment. Knowledge of allied sciences, such as Physiology, Pathology, Bacteriology, Chemistry, Botany etc. is necessary only so far as these help diagnosis and then treatment.

Of the two ultimate results, diagnosis is, no doubt, more important, as, without it, treatment becomes impossible or useless. As soon as a physician becomes sure of his diagnosis, he may confidently hope to treat the case successfully, provided, of course, the disease does not take a serious turn abruptly or nature does not fail at the critical moment.

It must not be presumed however that treatment is less important—rather it is equally important with diagnosis—as wrong treatment often kills more than does wrong diagnosis. The truth is that right diagnosis has always been considered more difficult than right treatment. It has been found that out of every five deaths, diseases of three have not been rightly diagnosed !

Good diagnosis presupposes a sound knowledge of Physiology, Pathology, Bacteriology, clinical symptoms and a host of such others including laboratory findings ; while good treatment demands a thorough knowledge of medicine and dietetics. Hence, to be a good and scientific Physician, one should acquire a sound knowledge of how to diagnose and then when diagnosed, how to treat the disease. It is, therefore, obvious that diagnosis and treatment go hand in hand and are closely related.

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The art of a good physician does not merely consist in diagnosis and treatment, but he should as well take into consideration the possible Prognosis, individual idiosyncrasies, environment, heridity, time, place etc. and unless he pays his attention to all these factors, insignificant as they are, he will prove a failure in his profession, inspite of all his education and skill.

It may be known to our readers that a tug-of-war was going on between the General Medical Council of Great Britain and Indian universities for a pretty long time over the question of recognition of Indian Medical degrees by the former. The controversy was a long one and much was said and done on both sides. The Government of India as also the British Parliament were dragged into the field but no compromise could be effected owing to the adamantine stand taken up by the G. M. C. They diagnosed that medical graduates of an Indian university are dificient in knowledge of the science, specially in that of midwifery and that in order to prove their efficiency, all universities in India should allow a commission appointed by them to inspect the curriculum of medical studies in the latter. This proposal was, however, acceeded to by most of the universities with the result that they were found wanting. Afterwards even the efficiency of their teaching staff was questioned and a commissioner was appointed to judge their qualifications as teachers, which was, no doubt, resented by the universities concerned for reasons quite obvious, as it was considered improbable for one individual, however qualified he may be, to measure the merits of teachers possessing varied and different qualifications.

At this stage, an alternative proposal was made by the Government of India to create an "All India Medical Council" after the model of the General Medical Council and the latter was requested to recognise Indian medical degrees pending its establishment. But that was not to

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be and the General Medical Council decided to withdraw its recognition of these degrees.

There is no doubt that the action taken by the G. M. C. was meant for improving the status of medical studies in India and their diagnosis accordingly cannot be questioned. But the line of treatment they took up has proved to have ill suited the Indian universities, especially in the present atmosphere. They did not, while following their line of treatment, take into consideration the constitution of the patient. Where a soothing palliative would have produced a marvellous effect, they thought fit to prescribe a bitter and stimulating drug and the prognosis has been rather unhappy. The Indian doctors are up for retaliation; have ignored the council itself and have boycotted British drugs. They have formed themselves into an Association, are trying to have an "All India, Medical Couucil" of their own and to recognise all foreign medical degrees on the basis of reciprosity as also to enforce knowledge of tropical diseases even on I. M. S. officers recruited in Great Britain.

There is no gainsaying the fact that as a result of this boycotting of British drugs, a considerable loss to this trade has already been recorded and there has been a general dearth of buyers of these drugs in India, so much so, that some houses of proprietory medicines of England are contemplating stopping of advertisements in all Indian papers. Here also the diagnosis and treatment are both wrong and unscientific.

The responsibility for the present depression of drug trate of England in India does not certainly rest with the Indian Press. It is the General Medical Council, or rather its inopportune decision at a wrong moment that is responsible for the whole situation. The proprietors of drug houses of England are also about to follow a wrong course and it may be justly apprehended that by boycotting all Indian papers they will not only cut down the

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income of these papers but will themselves be faced with the difficult situation of losing the Indian market altogether, which, in turn, will be captured by other countries of Europe and America.

We know of many British medicinal preparations and foods that are really difficult to be replaced, but if the present state of affairs is allowed to go on indefinitely, we are afraid, these also may be replaced even by inferior stuff.

It is an uncontrovertible fact that the sacred profession of healing is beyond ihe reach of politics and so is also business. It is therefore verv painful to see politics crop up into these lines both in India as also in England and the situation is becoming daily all the more complicated from business point of view.

The solution of the present depression of drug trade of England in India as also the removal of the just grievances of Indian doctors should not be made in the way it is now being done. Much has already been said and done but the situation is gradually becoming worse rather than better, so much so that the wrong line of treatment persisted in by the G. M. C. has almost been able to chalk out the path to ruin for the vast British drug trade. The treatment has proved to be unscientific and ineffectve and it is now time when they should change their prescription, so that the treatment might prove successful. They should meet the just grievances of the Indian doctors just on the line prescribed by the Government which will not only not jeopardise their prestige but will go a great way in reviving the British drug trade in India once again.

The prescription followed by drug-houses should also undergo a thorough change. They should also put pressure on the General Medical Council to come to terms with Indian doctors and themselves approach the latter through the press intensively so that they may recover their lost market before it is too late.

H. N. C.

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

(Continued from our last issue)

—:o:—

(3) *The Revd. Mr. Leadbeater's Theory.*

"The force of Kundalini", says Leadbeater, "comes from the laboratory deep down in the earth and is in striking contrast with the force derived from the sun. We draw God's mighty power from both the Earth and the Sun These two forces meet in our body and work together for our evolution. We cannot have one without the other and excess of one produces serious danger" (upsetting of the body equilibrium). It constitutes therefore that form of cosmic energy which is derived from the Earth.

Sir John Woodroffe therefore says that the "Kundalini Shakti" as described by Leadbeater is something different from "Prana" or vital energy (micro-cosmic force in the human organism).

As the sun is ultimately the source of all kinds of energy, Leadbeater's "Kundalini Shakti" means that particular form of cosmic energy derived from the Earth. Just as the sun's rays are modified by passing through the moon, so the sun's rays are modified by passing through the earth.

"This Kundalini force has two aspects", continues Leadbeater, "one benign (constructive) or a lower and gentler manifestation, which is awake within us and doing its appointed work day and night, of which we are quite unaware, while the other a malignant (destructive) or violent and dangerous one, which can be converted into benign (re-constructive) by "Yoga".

Sir John Woodroffe agrees that "Kundalini Shakti" has two aspects, one dynamic which upholds the body as well as its component parts continually working in the body, and the other static, which, when roused by "Yoga", produces "Evolution (destruction of matter with its re-construction into spirit).

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(4) The Writer's theory.

"Kundalini Shakti" is that form of cosmic energy, which is regulative (the force of Vayu) residing in dynamic form in the human body (in the Sushamna and corresponds to "Vyan Vayu" of Ayurveda). It has also a static form, roused in "Yoga", resident in the "Muladhar Chakra" which is creative in the sense that it is destructive and re-constructive, known as "Fire" (changes of matter into spirit).

The twofold aspects of Kundalini Shakti.

"Energy", says Sir John Woodroffe, or "Shakti" polarises in two forms, static (potential) and dynamic (active) and "Kundalini Shakti" is no exception to this general rule.

Leadbeater says that Kundalini has two aspects, benign and dynamic, malignant and static, and the latter can be reconverted into the benign form by "Yoga",

We have thus two aspects of this "Shakti", a metaphysical form and a physiological form which is regulative (upholding the body and its components). The former is known as "Fire" and the latter as "Air".

The Metaphysical latent Kundalini Shakti.

"Kundalini Shakti" is a gross form of "Prakriti," the residual power left after the creation of the world, says Sir John.

"Prakriti" (Primordial Energy) becomes dynamic, when it is "Triguna-mayee" (possesses the three gunas, constructive, destructive and regulative) after the world is "created and preserved". She then becomes latent devoid of the three 'Gunas"), and becomes embodied.

She is then the "Shakti" left over after the world is created, a magazine of power to be drawn upon by "Yoga" and utilized for "Laya" or dissolution (Fire).

As Kundalini rises by successive stages along the "Chakras" (subtle centres in the Sushamna) these are conquered, that is the force of each Chakra becomes latent, till when the "Agna-chakra" is reached, the body passes into the stage of "Samadhi" (suspension of animation) when the "air" is extinguished and the "fire" is lighted.

The physiologically active or dynamic "Kundalini Shakti."

This is the lower and gentler manifestation of the force of Leadbeater, "which is awoke within us and doing its appointed

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beneficial work day and night of which we are quite unconscious", (Vayu force).

"Kundalini" is thus defined as the "Supreme Shakti" which maintains all breathing creatures. Construction and destruction are going on side by side both in the Macro-cosmic and the micro-cosmic world (the living organism) and "Kundalini" is the force which regulates these two opposing forces of construction and destruction, preserving the organic body (Vayu).

Hence "Kundalini" is described as the "Supreme Shakti" in the human body, embodying all powers and assuming all forms". That is, it is the chief force, which controls the various processes of anabolism (construction) and katabolism (destruction). Note that (Pitta and Kapha are "Pangu" inactive and Vayu moves them, according to Ayurveda.

Katabolism (Pitta of Ayurveda) is associated with the sympathetic and anabolism (Kapha of Ayurveda) is associated with the Para-sympathetic. "Kundalini" is the force of "Vayu" (Sushamna force) which regulates and controls these two autonymic forces of the autonymic system.

"Kundalini Shakti" is thus the "static shakti" of the whole body as well as of its different components which upholds them.

The Static centres of the body are those found in the spinal cord and "Kundalini" is the force of these eentres. "Kundalini" in "Muladhar" is gross Shakti, in the Agna-chakra is subtle shakti (acting on the mental and Psychic sphere) and in the "Shahasrar" brain it is spiritual Shakti.

Particular forms of "Kundalini Shakti" exists in the dynamic form in particular "chakras", all such energies existing in magnified form in the "Sahasrar."

"Kundalini Shakti" is thus the sum total of the forces of the principal centres in the brain as well as subsidiary centres in the spinal cord

Thus the micro-cosmic nerve forces of the cerebro-spinal system in the various Chakras are as follows :—

Muladhar—Dakini-acts and reacts against			Earth
Svadhisthan—Rakini		,,	Water
Manipur	Lakini	,,	Fire
Anahata	Kakini	,,	Air
Vishuddha	Rakini	,,	Ether
Agna	Hakini	,,	Mind
Sahasrar	Yaskhini	,,	Soul

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All these are diffierent forms or manifestations of "Kundalini". Thus Kundalini in the lower Chakras represent gross or physical force or Vayu in the Agna-chakra mental or Psychic force fire and in the Sahasrar spiritul force.

We can now understand that "Kundalini force" is the cosmic force modified by passing through the Earth (against our surroundings, for Earth in the Hindu sense means "Kshiti, Ap, Tej, Maruta and Byoma"). Hence Leadbeater says that the dynamic form of "Kundalini" acting in our body, preserves it from adverse forces coming from our environments, through the cerebro-spinal system.

According to the ancient Hindus, cosmic force acting on our body may be resolved into 3 kinds of forces :—

(*a*) from the sun acting through Pingala (Sympathetic).
(*b*) from the moon „ „ Ida (Para-sympathetic)
(*c*) from the earth „ „ Sushamna (Sp. cord).

Creative (anabolism) function of Kapha (Para-sympathetic).
Dissolutive (katabolism) of Pitta (Sympathetic).
Preservative of Vayu (Sp. cord).

Except Vyan Vayu which exists throughout the body acting and re-actiang against our surroundings, all other Vayus are associated with organic action and are. thus the force of the sympathetic system. Vyan Vayu is the force of the cerebro-spinal system.

"Kundalini shakti" or the force of reflex centres in the Sushamna are ordinarily latent, but is roused to activity ordinarily, when there is any necessity for spinal reflex action, to preserve the body and keep it healthy.

Particular forms of "Kundalini shakti" are said to reside in particular Chakras (subtle centres in the spine as Vayu ; all such existing in magnified form in the "Sahasrar" as Fire).

When a Yogi can 'fix his sun and moon" (Pingala and Ida) so that they are confined or cease to act, being neutralized (organic action stops and the state of "Samadhi" is attained), Kundalini wakes up. That is, when both branches of the involuntary autonymic system of Nerves are voluntarily controlled, the latent or static Kundalini is aroused and the Yogi passes into the state of "Samadhi".

Sushamna head-end latent Kundalini roused by Yoga-force called fire (higher and more powerful).

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Sushamna-proper dynamic Kundalini easily roused for reflex action—Vyan Vayu (lower and mild).

(*b*) *The Chakras in the brain.*

These may be divided into 3 groups according to their position in the cranium as follows :—

(*i*) *Lower Brain or Head End of the Sushamna*

Here we find the following structures from below up.

(*a*) Twelve-petalled lobe—medula and pons (floor of the 4th ventricle) from which arise the 12 cranial Nerves.
(*b*) A-ka tha triangle in the 4th ventricle.
(*c*) Hangsa—the Pineal gland.
(*d*) Manipitha—The velum interpositum.
(*e*) The Guru or Fornix, resting his two legs on the basal ganglia, forming
(*f*) The Kama-kala triangle—3rd ventricle.

(*ii*) *Mid-brain*—There are two Chakras.

(*a*) Surjya mandal—corpus striatum
(*b*) Chandra Mandal—optic thalamus } Basal Ganglia.

Inside Chandra Mandal are found the following structures :—

(1) Chandra-kala or Am-kala, choroid plexus, secreting Nectar (cerebro-spinal fluid).
(2) Within is Nirban-kala, the seat of Nirvan shakti (force of salvation).
(3) Within is Para-Bindu, the place of union or Shiva-Shakti or Prakriti-purusha.
(4) Within is the void-O-Shivasthan or Kailash—the seat of Devata (cosmic soul).
(5) Below Nirban-kala is "Nibodhika"—the region of fire which induces Laya or dissolution.

(*iii*) *Upper Brain*—Chakras from below up and above Chandra Mandal.

(*a*) Maha-Nada—Internal capsule, the place of dissolution of Vayu.
(*b*) Brahma-randhra—Foramen of Monroe.
(*c*) Maha-Shankhini—Auditary area in the posterior part of the upper temporal convolution.
(*d*) Manas chakra—sensorium.
(*e*) Sahasrar—motor area.

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(*f*) Visarga -The great void—the silent area of the brain.

Detailed anatomy and physiology of the Chakras (stuctures) inside the bony cranium.

(1) *Chakras in lower brain.*

These consist of the following structures situated from below up as follows :—

(*a*) The 12-petalled lobe
(*b*) The a-ka-tha triangle and (lower) Hangsha.
(*c*) The three lines forming the "lower Kamakala triangle of Yamala" on which is seated on the (lower) Manipitha the Hangsha (upper)
(*d*) The three lines forming the higher Kamakala triangle on which is seated over the Manipitha the Guru.

These correspond to as follows :—

The 12-petalled lobe—medulla pons or the head-end of the Sushamna.

The a-ka-tha triangle—the lower triangle of the floor of 4th ventricle.

The lower Hangsha—Resp. centre in medulla.

The three lines—Ida, Pingala and Sushamna.

The lower Kamakala—upper portion of the floor of 4th ventricle.

The three Bindus (lower) a-ka-tha.

The lower Manipitha on which is situated the upper Hangsha.

The Pineal, the seat of individual soul.

The three lines—Rudra, Brahma and Bishnu lines:—The three bindus (upper) Nates, Tastes and Pineal, Kamakala triangle = 3rd ventricle, Manipitha—velum interpositum, Guru—fornix.

(a) *The twelve-petalled lobe.*

It had been described as "within the womb and inseparable from the lotus, in which is situated the Brahma-randhra and which is adorned by the channel of Kundalini".

This corresponds to the floor of the 4th ventricle in the medulla oblongata and the posterior or dorsal aspect of the pons, both of which together form the head-end of Sushamna.

These are composed of grey matter continuous with the "Bajra" fibres of the Sushamna". It is called the 12-patalled lobe, as from it issue 12 cranial nerves.

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It is situated in the womb (inside) and inseparable from the lotus (medulla oblongata and pons varolli in which is situated the "Brahma-randhra" (lit. the canal of Brahma) or the upward prolongation of the central canal of the spinal cord.

It is adorned by the channel of Kundalini or the canal through which "Kundalini" passes in its upward course, when excited or aroused.

Thus the 12-petalled lotus corresponds to the medulla oblongata and the pons, which together form the head-end of the Sushamna.

(*b*) *The a-ka-tha triangle and the lower Hangsha.*

In the 12 petalled lobe is the "Yoni mondal" or the triangular area, the abode of "shakti" where the two pericarps meet. It is formed by the three lines, which give it the character of a mondal. Its apices are formed by three "vindus", the sun, moon and the fire.

Yamala has confused the "a-ka-tha" triangle with the "kama kala" triangle, which is situated above it. The Hangsha is situated in this triangle.

The a-ka-tha triangle corresponds to the lower triangular area of the 4th ventricle, situated in the 12 petalled lobe. It is the abode of "shakti" (force) *i.e* force centres are located here.

It is situated where the two pericarps (the two halves of the Sushamna) meet. It is formed by the three lines or three groups of fibres, Ida (moon), Pingala (sun) and Sushamna (fire), which give it the character of a mondal (enclosed area).

The apices of the triangle are formed by the three "vindus" (lit. dots) corresponding to sun, moon and fire. That is, the fibres from Ida, Pingala and Sushamna are located here.

Fire represents the regulating force at the head-end of the Sushamna, the sun and moon representing Ida and Pingala.

In the spinal cord (Sushamna proper), the regulating force is known as "Vayu" or "Vyan Vayu". In the head-end of the Sushamna inside the cranium, the force is more subtle and called "fire."

It is called the abode of "shakti" (force). The centres for Ida and Pingala (Sajous's sympathetic centre in the medulla oblongata) are located here.

The (lower) "Hangsha" is located here. It corresponds to the respiratory centre (situated at the tip of the calamus scrip-

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torious at the lower angle of the 4th ventricle). That is, the sympathetic and the respiratory centres (shakti) are located here.

The word "Hangsha" is composed of two Sanskrit letters "Hang" and "sha" which are the sounds which issue, when "pranayam" (respiratory exercise) is practised, the inspiratory sound being "Hang" and the expiratory, "Sha". In other words, the respiratory process being two-fold, the centre is also two-fold. (This two-fold aspect of respiratory centre, one inspiratory and the oher expiratory, is recognized in modern physiology).

It is now the "kama-kala" triangle of yamala as stated by Kali Charan, the able commentator of *Paduka panchakam* which will be dicussed presently.

(*c*) *The kama-kala triangle aad Hangsha with the three lines.*

The kama-kala triangle is the lower one of yamala situated like the a ka-tha triangle in the 12 petalled lobe, with which it is often confused. It is the upper triangle of the floor of the 4th ventricle.

The floor of the 4th ventricle is lozenze-shaped and if we divide it at the middle, it consists of two triangles, the upper one being yamala's "kamakala" and the lower one the a-ka-tha triangle.

Its abices are formed by the three "vindus" (dots), moon, sun and fire, Brahma vindu Vishnu vindu, and Rudra vindu, which correspond to the "Nates and Testes" of corpora quadrageмina, while the third "vindu" to the Pineal gland.

It is formed by three lines, the lines of moon, sun and fire, the fibres of Ida, Pingala and Sushamna. It corresponds to the triangular area between the Nates and Testes forming its base and the Pineal its apex.

Here is seated the "Hangsha" (upper Hangsha, for we have two Hangshas, upper and lower) over the "manipitha" (Jewelled altar, the middle manipitha, the lower one being situated in the Heart). It corresponds to the cardiac centre in the medulla.

It is considered as the seat of individual soul (micro-cosmic soul of intellectual people). It is closely connected with the "soul", also located in the Heart. That is, it is the cardiac centre in the Brain. It is the seat of Shakti-Siva or Prakriti and Purush.

The pineal gland is the seat of soul of Descartes, while the heart is the seat of soul of Aristotle. The "soul" in the heart (Jivatma) travels to the brain (Paramatma) says Ranade. The

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cardiac centre in the brain controls heart's action and keeps the organism living.

The "Pineal sands", found in the gland are believed to be united by the process of yoga, forming the "Shiva Lingam" of yogis, who are successful in making the mind one-pointed towards the Almighty, so that the individual soul is in holy communion with the cosmic soul (God). This is "Yoga" (lit. union) of the man and the divine.

Indirect proof of the function of the Pineal (where prakriti and purush unite) from a metaphysical point of view we find in Endocrinology as follows :—

Frankl Hachwart (quoted in Barker's system of Endocrinology and Metabolism) reports a case of pineal tumour in a boy, aged 5 years, who "spent much time in discussing the immortality of the soul and the life after death," adding that these ideas, and subjects were not suggested to him by any one.

Of course this is pathological, but a physiological enlargement may be conceived as the result of successful "yoga" practice, in which the brain sands accumulate and form a large concretion (as believed by yogis) helping the yogi in clarifying his highly metaphysical speculation.

The "Hangsha" (Pineal gland) is described as seated in the triangle over "manipitha" which is between "Nada and Bindu".

The "Nada and Bindu" are the nates and testes between which is spread the "Manipitha" which is a re-duplication of piameter from the under surface of the velum interpositum, which keeps the pineal in position between the Nates and the Testes.

(a) *The kama-kala triangle with manipitha and Guru seated on it.*

This "kama-kala" triangle is the higher triangle in the brain and corresponds to the 3rd ventricle. It is therefore not the "kama-kala triangle" of Yamala.

It is formed by the three lines (bundles of fibres) : the Rudra line from the Rudra Vindu, the Brahma line from the Brahma Vindu and Vishnu line from the Vishnu Bindu. These lines therefore emanate from the Pineal, the Nates and the Testes.

(*To be continued*).

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THE PULSE IN PROGNOSIS
ACCORDING TO AYURVEDIC MEDICINE

BY

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This last portion of the science of Sphygmology is highly interesting and bears highest testimony to the keen power of observation of the Ayurvedic physicians of the bygone days. However empirical they may be considered by the modern physician, there is a good deal of practical importance in the facts incorporated here and derived from actual observations.

The subject may be dealt with under three headings : (I) Pulse conditions indicating a favourable prognosis, (II) Pulse conditions indicating an unfavourable prognosis. (Here may also be considered a group of cases where the pulse conditions, seemingly unfavourable, do not indicate any unfavourable prognosis) and (III) Pulse conditions revealing the time of death.

(I) Pulse conditions indicating a favourable prognosis. A number of pulse condictions has been described which do not indicate any unfavourable prognosis.

(1) स्पन्दते चैकमानेन त्रिंशद्वारं यदा धरा ।
स्वस्थानेन तदा नूनं रोगी जीवति नान्यथा ॥ II. 8 ; II. 29.

If the pulse beats uniformly (i.e., with regularity in rhythm and equality in strength and volume) for 30 times in its own place (that is, at the wrist), the patient is sure to live without doubt.

(2) अङ्गुष्ठाद् ऊर्ध्वसंलग्ना समा च वहते यदि ।
निर्दोषा सा च विज्ञेया..... ॥ II. 20.

If the pulse beats uniformly at the root of the thumb, it indicates no defect.

(3) नविमुञ्चति स्वस्थानं नाडी सूक्ष्माविभाव्यते ।
तस्यस्यन्नुभयं नास्ति व्याधिरप्य पशाम्यति ॥ III. 2.

If the pulse is not displaced from its own site and seems to be slender (perhaps indicating a normal condition), there is no fear of his death and the disease will also go away.

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(4) यदायं धातुमाप्नोति तदा नाडी तथा गति ।
तथादि सुख साध्यत्वं.....॥ II. 38

If the pulse characters correspond to the physiological variations (of *Vayu*, *Pitta and Kapha*), then the prognosis is good.

The following passage is more clear—

लावकी वदते नाडी पित्ताङ्गे सौख्यदायिनी ।
राजहंस मयुराणं कफाङ्गे सौख्यदायकं ॥ III. 2.

If the pulse beats like the progression of a quail at the site of the *Pitta* (perhaps also at the period when it predominates), it indicates good health. (Likewise) If the pulse beats like the progression of a goose, peafowl and others at the site of the *Kapha* (perhaps also at the period when it predominates), it indicates good health.

(5) जलचरी वदते नाडी साध्यं भवति नान्यथा ।

If the pulse beats like the progression of an aquatic animal (evidently fish), the condition is favourable and not otherwise. The curve produced by the movement of fish in water is more or less wavy and may be likened to a normal pulse excursion.

(6) In addition to the pulse conditions, we have in II. 37 a number of passages which depict a number of general bodily conditions which indicate a favourable prognosis.

करपादौ भवेदुष्णं स्वेदं स्वल्पता स्तथा ।
जिह्वाकोमलतां याति स रोगी न विनश्यति ॥
स्वेदहीनो ज्वरो यस्य नासाश्वासो विमुच्यति ।
कण्ठेऽपिकफहीनस्तु स रोगी न विनश्यति ॥
निद्रासौख्यं भवेद् यस्य शरीरे न वमस्तथा ।
इन्द्रियानि प्रसन्नानि सरोगीन विनश्यति ॥
चैतन्यं सकलं यस्य अङ्गस्फुटं भवेत ।
कण्ठे ज्वरितकं यस्य जीविते नात्रसंशयः ॥ II. 37.

If the hand and feet are warm, there is slight perspiration and the tongue is soft (that is, can be easily protruded when asked to do so), the patient is not going to die.

If there is no perspiration in fever, the patient breathes through the nose and the throat is without mucus, the patient is not going to die.

If there is good sleep, no sickness in the body and the senses are in good condition, the patient is not going to die.

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The patient, all the senses of whom are in good order, the body is pliable (that is, not rough and dry) and there is feverishness (warmth) in the throat, is not going to die.

If the senses are in good condition, the mind in a natural state and the body is perfect, the patient is not going to die.

(II) PULSE CONDITIONS WITH UNFAVOURABLE PROGNOSIS : A large number of pulse characters have been recorded in various treatises. In most cases the condition is pronounced as incurable.

A. A number of pulse conditions have been mentioned severally so as to give a general idea of the bad condition.

चाञ्चल्यदौष्पूर्ण्यं काठिन्यमतिमन्दता ।
वक्रत्वमतिसूक्ष्मत्वं स्वस्थानस्य विमोचणं ॥
स्तैमित्यं गतिकौटिल्यं सर्व्वेसां दुष्टलक्षणं ॥ II. 4 ; II. 36.

The following pulse conditions are indicative of bad prognosis : (1) Rapidity of the pulse ; (2) Hardness (this indicates that the pulse is felt between the beats) ; (3) Extreme slowness of the pulse (this probably corresponds to the "heart block" of the modern medicine ; (4) Crookedness of the pulse. This indicates high tension pulse ; (5) Extreme smallness This evidently refers to a 'running pulse". Thus Greene (Medical Diagnosis, p. 473) notes : "An excessively weak, thready, rapid 'running' pulse associated with marked cardiac weakness is a forerunner of death in certain diseases and may represent auricular flutter or alternation" ; (6) Displacement of the pulse from its normal site ; (7) Imperceptibility of the pulse. This seems to be a "formicant" pulse—a small, nearly imperceptible pulse ; (8) Irregularity of the rhythm. Besides the varying interval between the successive beats, an inequality in the strength of the beats may be meant by the term.

B We now come to an unfavourable prognosis mentioned by a single sign in the pulse condition.

(a) Displacement of the pulse.

1. हन्ति च स्थानविच्युता । II. 38.

The pulse displaced from its natural position indicates death. This condition was really grave in days when saline injection (subcutaneous or intravenous) or blood tranfusion was unknown in medicine.

2. क्रमेन त्यजति स्थानं या नाडी सा च मृत्यवे । II. 38.

The pulse which gradually leaves its natural position means death.

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(*b*) Extreme slowness of the pulse.

स्खित्वा स्खित्वा गतिं याति सा नाडी मृत्यु दायिनी। II. 20.

स्खित्वा स्खित्वा चलति या सा ज्ञेया जीवनाशिनी

I. 1; II. 4; II. 29.

Similar other passages in I. 1; II. 34; etc.

The pulse which beats slowly indicates death. Here we are dealing with an extremely slow pulse—a complete heart block, which really has a very unfavourable outlook. Thus Lewis (Modern Medicine by Osler and McCrae, vol. iv, p. 100) says: "Regarded in its entirity, persistent heart block of high grade is a grave condition."

(*c*) Extreme softness of the pulse.

अतिशीता च या नाडी सा ज्ञेया प्राणहारिणी। II. 20.

The pulse which is very soft (nearly imperceptible) indicates death. It shows both myocardiac failure and vasomotor paresis.

विदोषे स्पन्दते नाडी मृत्युकालेऽपि निश्चला

In case of a triple derangement, the pulse becomes imperceptible at the time of death.

गम्भीराया भवेन्नाडी तांवदैन्नाशवाहिनी। II. 8.

If the pulse be deep-seated (that is, scarcely perceptible), it indicates death.

(*d*) The arrhythmia of the pulse.

स्कन्दे च वहदे नित्यं पुनर्नगतिचाङ्गुलौ।

असाध्या सा विनिर्दिष्टा नाडी दूरे विवर्जयेत्॥

II 1; II. 34; II. 27; II. 36.

If the pulse beats in the wrist and then again has no movement beneath the (examining) fingers, the condition of the patient should be considered hopeless.

या विहाय स्वकं स्थानं पुनरेति प्रयाति च।

सापि मृत्युकरी नाडी नात्रकार्यं विचारणा॥ II. 36.

If the pulse leaves its (normal) site and again comes there, such a pulse indicates death without any hesitation.

Both the passages indicating the same condition indicate an intermittent pulse. Now-a-days we donot take such a view in all cases of intermittency. Here we are dealing with one where we miss several beats successively at a time and this certainly refers to an advanced stage of cardiac failure.

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दुःखतः चटकीनाडी साध्यं भवति वैद्यकं । III 2.

The pulse beating like the progression of a sparrow (that is, which beats quickly and by jumps for a number of times and then stops beating for a while) indicates a condition curable with difficulty. Here we are dealing with a case of intermittent pulse. We know of a pulse-condition known as the *goat-leap* pulse (See Dorland's Medical Dict.) which is defined as an irregular and bounding pulse.

(*e*) The Running pulse.

नाडी तीव्रगतिर्यस्य असाध्य परिकीर्त्तितः । II. 37.

If the pulse beats with extreme rapidity, this indicates a hopeless condition.

(*f*) The disappearance of the pulse.

न विद्यते यस्य नाडी तस्य संशय जीवनं । II. 4.

If there is no pulse, there is a great doubt for the life. We should remember that we are speaking of days when intravenous saline injection or blood transfusion was not known.

(*g*) कफपुरित कण्ठास्तु तस्य मृत्युर्नसंशयः ॥ II. 37.

If there is accumulation of mucous in the throat (that is, when rattling has appeared) there is no doubt of his death.

(*h*) ऊर्द्ध्वश्वासी न जीवेच्च न जीवेत् वृषभस्वरः ।
भग्ननासो न जीवेच्च वस्तिशोथी न जीवति ॥
तथाकृति छिन्ननेत्रो न जीवेद्विकलेन्द्रियः ॥ II. 4.

One with hard breathing, or having the voice of a bull, or with a bent nose, or having oedema of the perineal region, or having opaque eyes (cornea) or with depressed senses never lives. Although not connected with pulse, they are placed here for convenience.

C. We now consider the unfavourable prognosis indicated by two signs.

(*a*) अतिक्षीणा[1] च शीता[2] च जीवितंहन्ति निश्चितं ।
I. 2 ; II. 1 ; II 31 ; II. 34 ([2]अतिशीता) ;
II. 29 ; II 4 ; I: 1 ([1]शीर्णा)

If the pulse is very weak (thready) and is very soft (scarcely perceptible), it indicates death. The pulse may correspond to a *thready pulse* (one that is very fine and scarcely perceptible) or to a *shabby pulse* (a peculiar, feeble and ill-defined pulse due to a weak heart and relaxed vascular tension).

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(*b*) स्थिरा शीता चलति या सा स्मृता प्राणनाशिनी। II 31.

If the pulse is tranquil (that is, nearly imperceptible—perhaps indicating extreme slowness) and is very soft (low), it indicates death.

(*c*) या मन्दाशिथिला नाडी मानवं हन्ति सत्वरं। II. 4.

If the pulse is slow and soft, it soon kills the patient. The condition is perhaps made to indicate an acute parenchymatous myocarditis in connection with the typhoid fever which is prevalent in India from ancient times.

(*d*) अति तीक्ष्णा च शीता च जीवितं हन्त्यसंशयं॥ II. 4.

If the pulse is very fine (that is, the individual beats are very small—indicating auricular fibrillation) and is very soft (nearly imperceptible), it indicates death.

(*e*) यासूक्ष्मा च वक्रा च तामसाध्यम् विनिर्दिशेत्। III. 2.

अतिसूक्ष्मा च कुटिला नाडी वहति मृत्यवे॥ II. 8.

The pulse, which is fine (thready with small beats) and crooked (that is, with a very low curved ascent), indicates death.

(*f*) अतिसूक्ष्मातिवेगा वा शीतला च भवेद् यदि।

तदा वैद्यो विजानीयाद् अपं रोगी विनश्यति॥ II. 41; II. 29.

If the pulse is very fine (that is, the beats are minute) and is very quick or very soft (that is, scarcely perceptible) then the physician should know that the patient will die.

(*g*) स्खिला स्खिला चलेद् या सा हन्ति स्थानच्युता तथा। I. 2.

If the pulse beats very slowly and becomes displaced from the normal site, it indicates death. This seems to be the terminal sign of the typhoid fever.

(*h*) नाडी मध्यवहाङ्गुष्ठमूले सानर्थसुत्सृजेत्।

शनैरुद्वतगामिनी मृत्युं सा च प्रकाशते॥ II. 4; II. 14; II. 34.

If the pulse, beating with moderate rate at the base of the thumb, unfortunately leaves the site and slowly becomes forcible it indicates death.

(*i*) स्वस्थानविच्युता नाडी यदा वहति वा न वा।

ज्वाला च हृदये तीव्रा तदा ज्वालावधिस्थिति॥

II. 4; II. 36; II, 38; II. 41.

If the pulse, displaced from its site, be felt or not and if there is severe pain in the heart, the life exists so long as the pain is there.

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(*j*) शीतलं हृदयं नासा उरु पादौ च शीतलौ।
नाडी वेगवती क्षीणा क्षणमेकं न जीवति ॥ II. 17.

If the chest, nose, thigh and legs are cold and the pulse is very quick and fine (thready), the patient will not live for a moment.

(*k*) विद्युद्वद् नामिता नाडी दृश्यते च न दृश्यते।
अकाले विद्युत् पातेन स गच्छेत् यमसदनं ॥ II 29.

If the pulse goes down like a flash of lightning and is felt at one moment and not at another, the patient dies as if struck by lightning.

(*l*) कम्पते स्पन्दतेऽत्यन्तं [तन्तुवत्] पुनः स्पृशति चाङ्गुलं।
तामसाध्यं विजानीयान्नाडी दूरेण वर्ज्जयेत् ॥

If the pulse is trembling (tremulous) and beats very quickly (or thread-like) and again strikes the finger, there is no hope for the life of the patient. This is evidently a case of auricular fibrillation. Thus Vickery (in Sajous's Cyclopaedia of Practical Medicine, Vol. V. p. 235) notes: "Auricular fibrillation.... The radial artery supplies indifferent news of the ventricular rate; many pulsations fail to reach it. The pulse is a medley of beats of many sizes and intimately mingling of changing pauses; now the beats are almost uniform in strength and spacing, now feeble pulsations chase along rapidly; now the pulse is lost, now it returns with increased vigour."

(*m*) कालक्रमादतिकृशो बलदीनो न जीवति। II. 4.

If the pulse gradually becomes very slender (very small) and feeble (forceless), the patient does not live. The condition evidently refers to a gradual heart failure.

(*n*) वामनाडी वहेत् सत्यं यदि स्यात् कू(म)ण्डलाकृति।
मृत्युं शीघ्रं विजानीयात् यदि शक्र समा भवेत् ॥ II. 4.

If the left pulse (pulse on the left hand) beats really in a curved manner and if it is like Sakra (that is, strong like Indra—hard and forcible), the death is to be considered to take place soon. The passage no doubt refers to a high tension pulse (pulsus durus—"tense, hard, non-compressible pulse of hypertension", DaCosta. Physical Diagnosis, p. 323) attended with high blood pressure (Hyperpiesia). The sphygmographic tracing of such a pulse agrees closely with the description in the passage. The latest researches on Hyperpiesia prove the gravity of such cases. Thus we find in "Hyperpiesia and Hyperpiesis" by H. B. Shaw (Oxford

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Medical Publication, 1922, p. 77), that the intervals which elapsed between the onset of symptoms and death were one year or less in 73% of cases of hyperpiesia. That the death is drawing near is no doubt to be taken in a comparative way with reference to the long life the man of the past used to enjoy. Lastly the "left side" probably refers to the direct origin of the left subclarian artery from the arch of the aorta and hence to the fact that the force is to be more strongly felt on that side. Usually there is no sharp difference of blood pressure between the two sides.

(*o*) बहिः शीतोऽन्तरे दग्धो न जीवति स मानवः। II. 4.

If there is coldness on the body surface and burning pain inside, the man will not live.

D. Unfavourable Prognosis recorded by three signs.

(*a*) अतिशीतातिचौणा च चपला चपला गति। II. 42.

अतिसूक्ष्मा च वेगाच्च शीतला वहते यदि।

तदा वैद्य निजानीयात् तां स्नायुं गलितं भृशं॥ III. 2.

The extremely soft (that is, nearly imperceptible), very slender (fine) and quick (running) pulse is for rapid death.

(*b*) यात्यन्तमस्थिरात्यन्तं यावै वा मांसभक्षिणी।

या च सूक्ष्मा च वक्रा च तामसाध्यं विनिर्दिशेत्॥ III. 2.

The pulse, which is very quick (that is, running) or very deep-seated in the flesh (that is, nearly imperceptible) and is fine (thready) and curved (that is, very soft) indicates death. The signs indicate a thready or filiform pulse.

(*c*) दृश्यते चरणे नाडी करेनैवदृश्यते।

मुखं विकसितं यस्य जीवितं तस्यदुर्लभं॥ II 29; II. 41.

If the pulse is felt in the leg, but not in the wrist and there is an anxious look, (with cyanosis ?), there is little hope of his life. The passage is obscure and cannot be well interpreted in the light of Modern Medicine. Perhaps such a condition refers to some intrathoracic tumour, pressing on the subclarian artery and the innominate vein.

(*d*) महादाहेऽपि शीतत्वं शीतले तापिताशिरा।

नानाविधागतिर्यस्य तस्य मृत्यु न संशयः॥

II. 4; II. 36; II. 30; II. 41.

If the pulse becomes soft in high fever and it becomes hard (forcible) in a cold body and if the pulse beats irregularly, there is no doubt of his death.

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(*e*) कदाचिन्मन्द गमना कदाचिद्वेगवाहिनी ।
त्रिदोष कोपतो ज्ञेया हन्ति सा स्थानविच्युता ॥
II. 4 ; II. 34 ; II 36.

If the pulse is slow at one time and quick at another, it indicates triple derangement ; and if the pulse is displaced from its normal place it means death.

(*f*) हिमवती यदा नाडी ज्वरदाहेन पीडिता ।
त्रिदोषकोपतः याता तन्द्रा मृत्युं समादिशेत् ॥ II. 36.

If the pulse is very soft in a patient with high fever, it indicates triple derangment ; if the patient becomes drowsy (comatose), it means death.

(*g*) तन्तुकी मण्डुकी हंसी क्षणमात्रेण वेगिनी ।
ज्वरति मासमात्रन्तु त्रिदोषे नैव जीवति ॥

If the pulse beats like the progression of a frog (that is, is jumping—beats with celerity) at one time and like that of a goose (that is, becomes slow with a low rise) at another and then becomes rapid for a moment, and if the patient is suffering from fever for a month due to triple derangement, there is no hope of life. The condition evidently refers to some acute infectious disease (probably typhoid fever) going to terminate fatally.

(*h*) वायुःपित्ताशयं याति पित्तं याति कफालयं ।
कफो वा कण्ठमायाति जीवितं तस्य दुर्लभं ॥ II. 4 ; II. 36.
अनीलो याति पित्तस्य पित्तंयाति कफालयं ।
कफस्य कण्ठमालयं ॥ II. 16 ; II. 37.

If the *vayu* comes to the place of *pitta* and *pitta* to the place of *kapha* and *kapha* (mucus) comes to the throat, then the patient is going to die. The sense of the passage is obscure. Perhaps a triple derangement with collection of mucus at the last stage is indicated.

(*i*) जिह्वा कृष्णा भवेद यस्य मुखं वै कुङ्कमप्रभ ।
त्रिदोष लक्ष्मणं यस्य तस्यमृत्य न संशय ॥ II 37.

If the tongue is black (cyanosed) and the face is cyanosed and there is triple derangement then the patient is going to die.

E. Passages describing unfavourable prognosis by four or five signs.

(*a*) यात्यन्तमस्थिरात्यन्तं यावै वा मांस भक्षिणी ।
याच सूक्ष्मा च वक्रा च तामसाध्याम् विनिर्दिशेत् ॥ II. 34.

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If the pulse is very rapid (running) or is very deep-seated (that is, nearly imperceptible) and if it is fine (thready) and curved (that is, scarcely rising), it indicates death.

(*b*) तिर्य्यगूर्द्ध्वा च या नाडी सर्पवद्वेगवत्त्वरा ।
कफपूरितकण्ठस्य जीवितं तस्य दुर्लभं ॥ II. 4 ; II. 29.

If the pulse is rising obliquely and if it is frequent like (the progression of) a snake and if mucus collects in the throat, there is no hope of life.

(*c*) यात्युच्चका स्थिरात्यन्तं याचेयं मांसवाहिनी ।
या च सूक्ष्मा च वक्रा च तामसाध्यां विनिर्दिशेत् ॥
II. 4 ; II. 17 ; II. 26 ; II. 36 ; II. 31.

If the pulse beats with a sharp rise, is very slow and deep-seated and if it is fine and crooked (with low rise), there is no hope of life. The condition set forth is one of complete heart block in an advanced stage.

(*d*) त्वगूर्द्ध्वं दृश्यते नाडी प्रवहँदतिचञ्चला ।
असाध्यलक्षणा प्रोक्ता पिच्छिला चाति चञ्चला ॥ II. 20.

If the pulse is seen rising up from beneath the skin, if it is very slippery (that is, slips beneath the examining fingers) it indicates unfavourable prognosis. It refers to an advanced arterio-sclerosis with hard, rapid, incompressible pulse.

(*e*) क्वचिन्मन्दा क्वकिद्वेगा वटिता वहतेक्वचित् । II. 20.
क्वचित् सूक्ष्मा क्वचित् स्थूला नाड्य साध्य गते गतिं ॥.

If the pulse is slow at one time, frequent at another and is missed at times and if it is fine at one time and large at another, there is no hope of life. This refers to a case of fully developed auricular fibrillation.

(*f*) व्याकुला शिथिला मन्दा स्थित्वा स्थित्वा प्रयातिया ।
क्रमेण त्यजतिस्थानं या नाडी सातुमृत्यवे ॥ II. 36.

If the pulse is agitated (that is, the beats are not uniform), very soft and slow, the beats are separated by long gaps and if the pulse gradually leaves its normal site, it indicates death. This refers to a terminal auricular fibrillation.

(*To be continued.*)

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KHARPAR, A ZINC MINERAL

BY

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There is a mineral called Rasak or Kharpar, the use of which is mentioned in the Ayurvedic rasayanic treatises. This is a mineral of the metal Zinc. There is mention of three kinds of this mineral in the Rasarnava, the oldest rasayanik treatise according to Sir P. C. Roy, the two of which, called karvelak and Dardur, are of greater practical importance. Dardur is chiefly used for the extraction of the metal zinc from it. Karvelak is used in the preparation of Ayurvedic medicines to be used both internally and externally.

The chief use of Karvelak lies in the preparation of the well-known medecine, Vasanta-Malati used in the case of low vitality, specially in the first stage of Phthisis and of long standing slow fever.

This mineral, Karvelak, was not found occurring any where in India and was therefore obtained from foreign countries, cheifly from China in the olden days. The supply of this mineral was, on account of some reason or another, stopped and owing to the non-availability of this mineral, the Ayurvedic practitioners began to use the *bhasma* of zinc in its place. This bhasma of zinc was in course of time found not to be efficacious at all for those diseases for which Kharpar was used. This led Bang Sen to prepare an artificial Kharpar which he named Kharpar rasayan, which is still used by the learned Kavirajes, specially in Bengal. The method of preparing this Kharpar rasayan is complicated and troublesome on account of which this could not be prepared by everybody. This led to the introduction of other preparations into the market which began to be used by ordinary Vaidyas in stead of Kharpar rasayan.

From the chemical examination of the various samples, sold in the maket under the name of Kharpar, it appears that these substances do not at all contain the ingredients which ought to be present in a sample of genuine Kharpar. Substances ordinarily sold in the market under this name are Calamina piperata from England, Calamina piperata from Germany, Sang Basari from

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Persia, Mritika Kharpar from Surat (Gujerat). Calamina piperata from England has not been found to contain any zinc at all. It is mostly calcium carbonate with some colouring matter. Sang Basari also does not contain any zinc nor is there any zinc in the Mritika Kharpar from Surat. It it therefore clear that these materials should never be used in place of Kharpar. Calamina piperata from Germany contains some zinc in the form of sulphides, carbonates and silicates.

The sample obtained from America, called Villamite, has been found to conform to the properties of Karvelak mentioned in the Ayurveda and it is gratifying to note that All India Rasayan Sambhasha Parishad, held at Karachi, this year, has accepted this American sample alone as the genuine Kharpar to be used in the Ayurvedic preparations. I hope all interested in the preparation of the Ayurvedic medicines will take note of this and use this particular mineral alone in their preparations, specially of Basanta Malati which is really a medicine prepared from red sulphide of mercury, gold, pearl, karvelak (kharpar) etc. We have got some stock of this mineral in the Ayurvedic Department of the Benares Hindu University and can spare on a reasonable price for experimental purpose for testing the efficacy of the mineral in the preparations of the Ayurvedic medicines.

Health and Hygiene

A CHILDREN'S DISEASE

Rickets And Its Treatment

Rickets, which is essentially a disease of childhood makes its first appearance when the child begins to walk, about the eighteenth month after birth. It may come on in any of the earlier years of childhood, but it never occurs after twelve years of age. It is particularly the children of old or feeble parents, or the later children of a large family, and the children of the poor, ill-fed, and living in small, badly aired, and ill-lighted houses that are most liable to the disease. Its causes are thus either inherited feeble constitution, or an inherited constitution actually scrofulous, and bad and insufficient food, want of fresh air and light.

The chief defect in the bone is absence of the due proportion of animal and mineral matter, the mineral matter—lime salts—being

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deficient, so that the bones are soft and yielding. Besides this, the process of development in the bones is more slow than is usual, and some stages of it are exaggerated, so that not only is there diminished quantity of lime salts, but also increased formation of the soft material, viz, cartilage cells When at last the bone salts begin to be deposited, the formation of bone is apt to advance with greater than normal rapidity, and to extend further than usual, so that the bone becomes denser and heavier than ordinarily.

CHIEF SIGN OF RICKETS

The chief sign of rickets is the deformity which the soft and yielding nature of the bones occasions. As soon as the child begins to walk, the bones of the leg are unable to support the weight of the body, and so bend outwards, The pelvis, similarly is crushed in by the weight of the backbone and its cavity narrowed. This is especially serious in *female* children, for the pelvis retains its contracted form up to adult life, and so may *obstruct or render impossible natural childbirth.* The chest may be deformed owing to the ribs yielding to the force of the muscles that take part in breathing. Thus the sides of the chest are drawn in and the front projected, and the pigeon breast is formed. The bones of the head also partake of the disease, producing the peculiarly large head and protuberant forehead, while the face is small and peaked. In addition, the spine may also be curved, the joints are large and prominent, especially those of the wrist and ankle, causing the appearance called by some people "double-joined," the growth over the whole body is generally stunted, so that the stature is small, the face is pale, and digestion imperfect. The child is often "potbellied," the soft spot on the top of its head in front is larger, and later in closing, than usual. Teething is also delayed as already remarked.

In its early stages, the disease frequently reveals its onset by the restlessness of the child during the night, a tendency to kick off the bedclothes. So sensitve is the whole body of the child that it strongly objects to being touched. About the age of fifteen the bones often become quite firm and a process of repair sets in, by which the hollows in the bones during the bending may become filled up. Thereafter the excess of bone may be absorbed, and so the deformity becomes greatly diminished.

TREATMENT

Treatment must be directed to improving the general health. This is to be accomplished by giving good and sufficient food, milk, animal food, raw eggs, by exercise, and by attention to the clothing to see that it is clean and warm flannel being preferred. Change of air and seabathing are very valuable. As to drugs, the best are cod-liver oil and chemical food, given three times daily in quantities to suit

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the age of the child, and iron, of which the most suitable form is dialysed iron, 5 to 10 drops four times daily in water.

To prevent the growing deformity of the legs various contrivances exist. The simplest is a wooden splint well-padded and strapped on the outside of the leg from the thigh to the foot, which keeps the leg straight and strengthens it till it becomes able to bear the weight of the body. There are others more complicated, made of steel fastened to the boot, and jointed at the knee so as to permit of bending.

ULTRA-VIOLET RAYS

Treatment also consists in addition to good feeding in the administration in some form or other of ultraviolet rays. Probably the best form is exposure, under very carefully graduated conditions, to the sun's rays in a clear atmosphere. This is impracticable for many, and the ultra-violet lamp, or skilled hands, is the next best. Where these things are not obtainable, we can administer the anti-rachitic principle (sometimes called Vitamin D) in some form or other. Cod-liver oil is particularly rich in it and undoubtedly owes a great deal of its efficacy to this fact. There are also on the market a number of excellent preparations containing the D vitamin. None of these should be tried however before first consulting a doctor. Ultra-violet-therapy by way of the mouth is a much less dangerous proceeding than the exposure of the skin to the rays, while the difference in efficacy between the two appears to be very much less than was at one time suspected.

The best way to guard against rickets is to give the child from the very first plenty of milk, and not to be led into the fatal mistake of trying to feed the child on indigestible patent foods made of starch. If there is any difficulty in retaining the milk, it should be peptonised, or mixed with a third of its volume of lime-water.

If the legs are very much bent, all that is necessary is to prevent the child from running about for a few weeks, and they soon get straight again. The use of irons for crooked legs is a mistake, for they do no good, declare certain doctors.

The key-note to the situation is milk, cod-liver oil and fresh air. Where there is constipation, add a small quantity of extract of malt to the milk.

DESPERATE POVERTY

Dr. Drummond Shiels is reported to have stated at the Brighton Conference that "the India Office was aware of the *desperate poverty of the Indian people and hoped that the Whitley Commission would contribute towards mending this state of affairs.*" We wish we could share the optimism of the Under-Secretary of State for India. Unfortunately the

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'desperate poverty' of the Indian people has its roots much deeper than Dr. Shiels seems to recognise. India is extremely rich in raw materials, the fertility of her soil is almost proverbial, her people are industrious and frugal, but notwithstanding all these factors in their favour the people of India are "desperately" poor. More than half the population of India, according to British historians, know not from year's end to year's end what a full meal is. They live in huts in which no European would care to keep his horse or dog ; their clothes hardly help them to preserve decency, not to speak of affording them due protection against the weather ; the majority of them are heavily in debt ; they cannot afford to call in doctors or purchase medicine when they fall ill ; malaria, cholera, influenza, and in fact, all sorts of preventible diseases exact heavy tolls from these desperately poor people annually. They have been taught to regard their wretched condition as the result either of their own *Karma* or as visitations of the Divine wrath.

Steadily and silently a change has, however, come over the spirit of the desperately poor people in India. They have been awakening to the consciousness that it may not exactly be the Divine will that a few of His children should roll in wealth and luxury while millions live in abject penury, without even the ordinary necessaries of life. This consciousness is, however, still in a more or less nebulous state among the Indian masses. The doctrine of Fatalism or *Karma* still exercises its influence over their mind and paralyses their energy to a great extent. Their will to economic freedom and their desire to rise above their environments occasionally receive an impetus from their patriotic countrymen who reveal to them how masses in other lands have improved their miserable lot by united action. They learn how the once despised and trodden British workers and peasants have slowly seized the reins of Government and are engaged, through constitutional means, in reorganising the entire economic and industrial system of their country. They are told how in Russia the oppressed masses have reorganised the economic and political system of their country in order to ensure the greatest happiness of the greatest number. The Labour unrest in India is largely due to the growing consciousness of the people that the problem of their "desperate poverty" can be effectively solved only by harnessing, as in England and Russia, political power to the solution of economic problems. The representatives of vested interests in India seem to understand this aspect of the Labour problem, and that gives, perhaps, a clue to the slogam of "Red" influence on Labour unrest in India.

The Bombay Chamber of Commerce in their representation to the Whitley Commission have asserted that "Bombay has still more serious labour troubles ahead by reason of the increasing importance of the political factor. During the past decade or more the Indian labourer

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in Bombay has been gradually educated up to a higher standard of living.....Communism has stepped in and is busy encouraging him and organising him to demand that which he cannot earn and is not worth in the industrial market....." Evidently the educating up of the Indian labourer to a higher standard of living and encouraging him and organising him to demand a living wage is a heinous crime in the eyes of foreign vested interests. And when one remembers that it is these European Chambers which by reason of their economic power are real governors of India, one can easily solve the mystery of police activities against those who educate the Indian masses to a sense of their rights, and encourage and organise them to secure those rights. The European Chambers' mortal dread of "the increasing importance of the political factor" in the readjustment of the relation between Labour and Capital is also quite natural. They know it fully well that it is only so long as the Indian labourer will have no effective control over the machinery of administration that it will be possible to exploit him as well as the vast raw materials in this country. The European Chambers' vehement opposition to the Indian demand for full Dominion status has also no great mystery about it. As long as the Labour Government will rigidly follow, as they are doing, the Tory policy towards India, no uumber of Whitley Commissions will remove even a fringe of the "desperate poverty" of the Indian people.—*Liberty*.

TAP-WATER vs. RAINWATER

Which is Better?

(By Bernard Houghton)

Although the majority of people in cities drink tap-water, it must be remembered that this is quite a modern innovation, consequent on the development of the iron industry. Relatively to the time when men have lived on this earth, even wells are, as it were, but of yesterday.

It cannot have been much more than two or three thousand years, or as much, since tools adequate for well making were devised by even the most advanced people, and to this day all primitive people, make use of water from rivers or pools.

The human race on the other hand has a history of more than half a million years. It is this far-reaching background which we must always bear in mind. It is during this time, and before—for the organs of the higher apes are similar to our own—that man's body evolved to what it is. Certain it is that rain water was the only drink known to man (and his ancestors), until civilization was somewhat advanced, and that is very recent indeed.

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CONTAMINATED WITH METALS

Our bodies are not adapted to the use of water contaminated with metals, which when present in large quantity, are, as iris diagnosis proves, deposited as foreign elements in various parts. Those who drink iron or sulphur water, for instance, have irides marked respectively with reddish brown or dark brown spots. Even if metals are not absorbed in sufficient quantity to cause markings, it seems reasonable to suppose that they do no good. That tap-water is at least slightly contaminated with iron appears from the fact that it cannot be used for accumulators. The latter require distilled water or rain water—otherwise the sulphuric acid forms sulphate of iron. Distilled water is not well suited for human consumption, if it is true, as asserted, that it has a bleeching action. Ladies who are particular about their hair, prefer to wash it with rain water, because the hair looks more glossy when this is used, and it is known to be best for ablutions generally. If for the skin, why not for the mucous membranes, which after all are only an internal skin ?

For the garden, horticulturists agree that rain water is preferable for watering plants.

GOUT CURED

The writer knows of a lady who suffered from gout when she used tap-water, the water being taken from a mountain spring, and conveyed to the house by a pipe two miles long. The symptoms stopped when she substituted water from a rocky pool in her grounds.

Nor is rain water difficult to obtain. All that is necessary is to instal a water butt under a gutter from the roof and to draw from that. Microbes in the water need not alarm any body, because the human body is entirely adapted to such microbes. It is not adapted to water contaminated with metals or with town sewage. —"Health For All."

SPREAD OF CHOLERA IN CALCUTTA.

——:o:——

How to Check

SOME PREVENTIVE MEASURES SUGGESTED

By Dr. A. C. Ukil.

Professor of Bacteriology, National Medical Institute, and Visiting Physician in charge of Cholera Wards, Chittaranjan Hospital.

I was greatly interested to read a few days ago in "Liberty" a report of the meeting of the Municipal Corporation on the subject of Prevention of Cholera in Calcutta. It seems that a good deal of confusion exists in the minds both of doctors and of the councillors who took part in the

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debate. I have been in charge of the Cholera Wards at the Chittaranjan Hospital and also connected with research work in the line for some years past. I venture to give below the following lines only to help in understanding the problem :—

WATER SUPPLY AND CHOLERA.

Regarding the question of water supply, there are usually two curves of rise in cholera cases in the year—one, the bigger, occurs during the Summer months and another, a smaller one in November. Both of them occur during the dry seasons of the year. The water supply of Calcutta is much the same in Summer as in Winter. Why is it then that a more severe epidemic occurs during the Summer months ? The question of leakage into the filtered water pipes must be taken as a rare event when actually some pipes burst. The leakage into the filtered water pipes occurs more frequently during the rains and is responsible for an increased incidence of dysentery and diarrhoea during the rainy season but not of cholera.

INSANITARY CONDITION.

There remain two other sources of water supply in Calcutta viz. the unfiltered water taps and the 10,000 tanks within the Municipal limits of Calcutta. As Secretary of a Health Association in South Calcutta, I carried out certain investigations regarding the incidence of Cholera. The filtered water supply is absolutely inadequate in the Summer when people need more water. This induces them to use unfiltered water both for washing and for drinking purposes. The increased incidence of Typhoid fever during the hot months in Calcutta is due to this cause. It has been found that people who live in or near Bustees suffer more from Cholera. It is also known that there are very few filtered water taps and no unfilered water taps in the bustees, often accommodating thousands of people. In their attempt to get filtered water, the residents have beeu found often to assault each other. The inevitable result is that they use the so-called tanks for bathing and washing (clothes, kitchen utensils) etc.) purposes. The water of the tanks is liable to be thus polluted for two reasons—(1) owing to evaporation the water contains a higher proportion of organic matter and certain salts. This has been found to be very favourable for the growth of the cholera vibrios. (2) There is a fair percentage of "carriers" among the population and it has been found that the pollution of a tank occurs in direct proportion to the number of people getting into it. Besides, latrines are situated near the banks of a large number of tanks and I have a number of photographs in my possession showing the pollutiion of tank water from these latrines. Thus both "carriers" and an insanitary condition are responsible for the spread of cholera.

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"ACTIVE CARRIER"

There is another very great defect in the matter of disposal of cholera cases in Calcutta. It has been found by us that when a patient recovers from an attack of cholera, he carries the germs in his bowels for from 2 to 3 weeks or more after apparent recovery and thus remains a very active "carrier" able to transmit disease for a veritable length of time. It is a practice with our hospital not to discharge a case after recovery unless the stools are found to be cholera-germ free, consecutively twice at an interval of 3 days. When a case is discharged, both the Health authorities and the Health Association, from whose jurisdiction the patient comes, are informed to enable them to take preventive measures. So far as I know, this practice is not followed in any other hospital in India. From a sanitary point of view it is very important that men still infected with virulent germs, though apparently cured, should not be allowed to move about in society at random.

In Calcutta the educated and the richer classes are closely connected with the people in the 'bustees' where the cooks, maid-servants and food hawkers reside. Hence their life also is constantly surrounded by danger of infection so long as those plague spots in the city are not cleaned.

HOW TO COMBAT IT

As actual measures for combating this disease, permanent and not spasmodic efforts should be made by the Health authorities. Investigations should be carried out to ascertain the cause and persistence of cholera epidemics during certain season of the year, inspite of the city's enjoying a filtered water supply. The course of each case should be traced out and prompt precautionary measures taken. In the present backward sanitary condition of the country, the inoculation of cholera vaccines once a year would undoubtedly diminish the number of cases, but unless the facilities for spreading the disease are stopped, the vicious circle would continue to act for a long time to come. To my mind, besides chlorinating the tap water, the following measures should be taken to prevent widespread epidemics in future:—(1) barricading all the tanks in the bustees of Calcutta, (2) ensuring adequate filtered water supply in the bustees, (3) opening convalescent wards for cholera patients where they should be detained till they are declared "vibriofree," (4) controlling the city's food supply and (5) health propaganda and preventive inoculations just "before" an epidemic. The whole question should be thrashed out by a committee of bacteriologists from the Health Department of the Corporation, the Government and other research workers who would guide the investigations.

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VEHICLES OF INFECTIOUS DISEASES

Iced drinks and Kulpi-Baraf

(Ashesh Chandra Basu, B, A.)

I wrote about the useful properties of ice in my previous article and now I like to point out that ice is also a suitable medium for the transferance of various disease germs. People generally think that bacteria cannot live in ice owing to extreme coldness. But that is erroneous, for bacteria are not generally killed in the freezing of water but they survive and are preserved in ice like living mummies for long periods. This has been proved by scientists like Schmelk, Bujwid, Heyrothin and others.

Schmelk closely observed bacterial life in the glaciers and ice streams of Norway and found them all alive in their icy abodes. Bujwid found in a cubic centimeter of melted hailstone as many as twenty-one thousand bacteria. Heyrothin experimented on the ice consumed in the city of Berlin and found in every cubic centimeter from 2 to 133,000 bacteria. Thus it has been conclusively proved that ice may contain many micro-organisms and living pathogenic germs which are beyond the knowledge of general public and often escape our notice. Bacteria may perish in freezing if they are continuously exposed from 2 to 3 weeks in a very high degree of refrigeration.

UNCLEAN METHOD OF STORING

Now is the question how artificial ice which is made from pure and portable water becomes infected with bacteria. In answer I would only draw the attention of our readers to the slovenly manner in which ice is handled by ordinary dealers and to the dirty place where it is stored covered with unclean rags or spoilt gunny bags. Often in the streets of Calcutta big blocks of ice may be seen lying on or being dragged along the foot-paths into the shops. It is moreover covered with saw-dust which is largely mixed with dust and dirts of the street. This saw-dust is often spread out in the sun on the footpaths and during this time they gather all the germs of infection. I have observed all these uncolean methods and have been induced to draw the attention of the public to it.

A WARNING

Thus, ice gathers all the germs of tuberculosis, dysentery, typhoid, diphtheria, influenza, cholera, small-pox, malarial remittent fever and various other disease germs from the dust and dirt in which it is often allowed to be kept by ignorant dealers. So I would request our readers not to drop ice into glasses or water jars as is generally done. Water should always be cooled indirectly in jars or other drinking vessels placed in ice box. It will of course entail some expense and a little trouble but

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will save a lot of trouble that may otherwise ensue. In this way portable water may be cooled without being infected by bacteria or bacilli which are always carried by ice blocks like particles of dust in patches of clouds and detected under powerful microscope.

AN INSTANCE FROM AMERICA

There are several records of notorious ice infection in America, the metropolis not being excepted. In 1875 there was an outbreak of severe intestinal disorder in a summer resort in Newhampshire. Milk, meat, water, etc., were all examined and found free from any taint except ice which was polluted being taken from a small infected and frozen pond. Thus the cause was finally detected and attributed to ice which was served in cooling drinks. Another epidemic of typhoid broke out in Plymouth (Pen) in 1885 and was attributed to iced water. It was afterwards found out that dejecta were thrown upon ice which was used in the restaurants of the city. Several cases of typhoid also broke out in the city of New York in 1888. The ice supply of the city which was largely infected was held responsible for the out-break. Ice was then manufactured in the city from the water of the river Hudson into which flowed the sewage of Albany and other places.

KULPI-BARAF

All these are possible here in Calcutta in some way or other. Disease germs may appear in refrigerating tanks during the process of manufacture as these are often kept open and handled by the unclean hands of shabbily dressed coolies. The corporation of Calcutta sometime ago warned the public against taking "kulpi baraf" which gave rise to several sporadic cases of cholera and resulted in the death of several persons. They also analysed the *baraf* and discovered in it some of the bacilli mentioned above and disclosed some of the dirty processes of its manufacture with stale and highly polluted milk.

SHERBET AND ICED DRINK

In conclusion I would advise our readers to avoid the temptation of taking ice direct in glasses or sucking pieces of it. When I pass by shops where "sherbet" and iced drinks are sold I cannot help feeling that they are selling so many glasses of infection and catering in germs of various diseases. I think many cases of enteric fever in Calcutta are due to ice-creams which are served in restaurants and sold by petty dealers. I would further ask our readers to remember that ice is as much a vehicle of infectious diseases as milk of microbes and that bacteria are not always killed in refrigeration but preserved to be awakened into a revitalised future life in the warm current of human blood, like the phoenix of Arabia.

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TREATMENT OF TUBERCULOSIS

Influence of Climatic Change

(By K. N. Mukherjee, Ronaldshay Medical School, Burdwan)

1. The regime of regulated rest and exercise, proper food and open-air life, is the fundamental essential in the treatment of tuberculosis, Suitable climatic environment makes this open air life more easy and enjoyable.

2. When these essentials are assured, a change of climate is of definite value in a considerable number, probably the majority, of cases, but with the proper regime many cases will do well in any climate.

3. Any change of climate involving the fatigue of travel is contraindicated in acute cases with fever or haemorrhage, or in very far advanced and markedly debilitated cases. Absolute bed-rest is the one essential here.

4. No patient should be sent away in search of climate who cannot afford to stay the reasonably expected time and to have the necessary food, lodging and care.

5. Competent medical advice and supervision are essential.

6. One of the most valuable asset of change is the education of the patient. This may of course, be obtained in a suitable environment without reference to climate, as in a sanatorium near home.

7. Selection of a suitable locality is an individual problem for every patient, depending upon his temperament, tastes and individual reaction to environment, as well as the character of his disease. The advising physician should have an appreciation of these as well as knowledge of the particular environment to which the patient is being sent. Contentment and reasonable comfort are essential.

8. There is no universally ideal climate. For each patinet there may well be a most favourable environment if we are wise enough to find it.

9. There is a reasonable amount of evidence that certain medical types of cases are more favourably influenced by certain conditions of climate, everything else being equal. For example, reasonably cold, dry, variable climate, such as is found in the mountains for young or vigorous constitution which will re-act well. Dry sunny climate for laryngeal cases and those with marked catarrhal secretions. Equable, mild climates at low altitudes for the elderly and those of nervous temperaments, as well as for those with arteriosclerosis, weak hearts or marked tendency to dyspnoea.

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10. Successful selection of climate and environment for cases of tuberculosis requires wide knowledge of human nature, of places and of the disease. This can only be acquired by patience, skill and experience.

—"The Indian Medical Journal."

Reviews and Notices of Drugs

PEOPLE ARE AS OLD AS THEIR GONADS.

It is the duty of the physician, therefore, to keep his clientele young, by utilizing the latest treatment for gonadal dysfunctions.

TESTACOIDS, representing 25 grains of fresh testicle and 15 grains of fresh prostate, possess the ability to aid in the restoration to normal condition of the great majority of men who suffer from sexual neurasthenia, diminished virility, and general debility. The dosage is 3 Testacoids 3 or 4 times a day.

OVACOIDS contain the actual hormones of the ovary, representing 5 grains of fresh ovary and 1/8 grain of fresh anterior pituitary. Their field is the entire list of gonadal complaints in women, such as amenorrhea, dysmenorrhoea, menopausal difficulties, and sexual neurasthenia. Two or three Ovacoids given from 3 to 4 times daily produce splendid results.

AMPACOIDS are sterile, isotonic solutions of Ovary, Testicle and Prostate, respectively, for treatment of the disorders of those glands. They can be injected hypodermically, either alone or in conjunction with Testacoids or Ovacoids. The dosage is from 3 to 7 injections per week.

Messrs Reed & Carnrick, Jersey City, N. J., U. S. A. will be glad to send samples of the products on request mentioning this journal.

ANTIPHLOGISTINE

"Pain", to quote Romberg's famous dictum, "is the prayer of a nerve for healthy blood."

Certain nerves seem to be placed as sentinels by nature to warn of impending danger. These nerves, or sets of nerves are endowed with a greater susceptibility to inflammatory processes and cry aloud in accents of pain as soon as the organ as a whole feels the effect of the invading bacteria.

The observations of research workers have proved that under the influence of tropical moist heat, lymph circulation is materially increased and has for its direct effect—

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(a) The washing-out of the tissues
(b) An accelerated resorption
(c) A more thorough cell nutrition
(d) Reduction of the infiltration.

Fresh blood contains nutritive elements, vitamins, oxygen, leucocytes, immunizing bodies and enzymes. Moreover, such induced hyperemia permits a tissue drainage which removes accumulations of altered cell metabolism and functional products. A normal supply of blood carries away organic debris, exudates and extravasations.

For daily emergency practice, considering the advantages and disadvantages of all other therapeutic procedures, investigators and clinicians of international reputation have found that in order to prevent or to treat local inflammatory processes and to avoid the formation of pus as early as possible, Antiphlogistine, covered with an impermeable membrane, will yield the best results, because it retains moist heat and need not be changed for a long time.

Reports of Societies, etc.

DAYANAND AYURVEDIC COLLEGE, LAHORE.

Copy of remarks by Mr. Asghar Ali, Asstt. Inspector General of Civil Hospitals, Punjab, who visited Dayanand Ayurvedic College on the 23rd January 1929 :—

I inspected the Dayanand Ayurvedic College Lahore today (23-1-29) and was shown round by the Principal and the two senior professors.

Buildings :—The building consists of four self-contained blocks, three for the College and one for the Hospital. The Block No. 1 is made up of 4 lecture rooms, a Science Laboratory and a Materia Medica Museum. The Block No. 2 is the Pharmacy department, where indigenous drugs, brought from all over India, are turned into powders, Tablets, Extracts, Essences and Tinctures, by means of machinery. The Block No. 3 is the Anatomical block, made up of a dissection hall accommodating 12 tables, a Lecture Theatre, a Museum, an Embalming room and a cold storage room. The Block No. 4 is the Hospital attached to the College and consists of an outpatient room, four indoor wards, each for 12 beds and an Operation room. Two of these wards are being used as hostels for students. There are Flush System Latrines and a Shower bath attached to the Indoor wards. The construction of these blocks cost the College authorities above a Lac of rupees besides the cost of land Rs. 77000. There is a small Library consisting of 377 books on the

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various subjects taught in the College. The Lall Chand Library is also drawn upon, whenever necessary.

Staff :—The College staff consists of the following members, with their designations and honoraria shown against each :—

1. Pt. Surendra Mohan, B. A.	Principal and professor of Medicine and Physician.
2. Dr. Asa Nand ; M.B.B.S. (P.U.)	Professor of Anatomy and Surgery, Pathology and Hygiene.
3. Dr. Shankar Dass, B.Sc. M.B.B.S (P.U.)	Demonstrator of Anatomy.
4. Pt. Durga Dutt, Ayurvedacharia.	Professor of Pathology.
5 Pt. Har Dial Vaidya Vachaspati	Professor of Pharmacy.
6. Pt. Murli Dhar. „ „	Lecturer on Medicine for Junior Classes.
7. Kaviraj Jai Dev. „ „	Lecturer on Materia Medica.
8. Pt. Vipra Bandhu. B A.	Professor of Chemistry.
9. Pt. Som Dutt. Vaidya Kaviraj	Demonstrator of Pharmacy.
10. Dr. Maharajh Krishan Kapur	Acts—as Honorary Surgeon, whenever a major operation is required to be done.
11. Kaviraj Kishan Dass.	House Physician.

No. of Students :—Altogether there are 118 students on the roll ; 43 in the first year class, 53 in the 2nd year, 13 in the 3rd year and 9 in the 4th year. Only Matric-passed students with Sanskrit as Secondary language of the standard of "Prag" are taken in ; the medium of instruction being Hindi.

Scholarships :—There are 13 scholarships awarded to the students ; 4 scholarships of the value of Rs. 5-7 in the first year class ; 4 scholarships of Rs. 4-6 in the 2nd year class ; three of the value of Rs. 5-6 in the 3rd year class ; and two of the value of Rs. 6 each in the 4th year-class,

The curriculum includes Anatomy and Materia Medica as chief subjects along with elaborate Pharmacy and only a smatterring of Pathology, Hygiene and Surgery. There are no arrangements for teaching Ophthalmology and Midwifery. The final examination certificates are awarded by the D. A. V. College authorities, without any intervention or control by the Punjab University, although, I am told the institution is a recognised one.

Indoor Hospital.—I saw of indoor patients in the Indoor-ward, one case of Colitis, 3 of Malaria, 2 of Enteric and one of Diabetes. All were fit cases for indoor treatment and were being well looked after. 20 out-patients had attended this morning. On an average 50 out-patients attend this dispensary daily and the daily average of indoor

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cases is 6. There is also a Branch Dispensary for out-patients in the City, with a daily average of about 90 cases. No record is kept of the minor surgery done, but 15 major operations including Cataract, Piles, Tonsillotomy and excision of Tuberculosis glands were done during the last year. Mostly the work done is medical

No research work worth the name is being undertaken, beyond investigation of unidentified drugs.

There is sufficiency of drugs, clothing and bedding and a small supply of surgical instruments. There is no Kitchen proper, for cooking food for hospital patients, which mainly consists of preparing Khichri, rice and boiling milk, is done in an enclosure in the compound, with gunny bag curtains ; a Kitchen is a necessity and should be provided when funds permit.

The Anatomy deparment depends for its supply of dead bodies on the hospital attached to the College as well as the unclaimed bodies in the districts of Sialkote, Gujrat and Lyallpur ; but as an autopsy is compulsory in the case of all corpses discovered by the Police, they are not left in a condition fit for dissection purposes of the students, thus the College is being greatly handicapped for want of this material for the Anatomy department. The Principal has made a representation, in this connection for being allowed the use of unclaimed dead bodies in the Sir Ganga Ram Hospital, which are under the existing arrangements, sent to the Lahore Medical College ; the resources of the Medical College are mani-fold, so far as the supply of corpses for its Anatomical department is concerned and the College can well afford to forego this small number, which I am told, seldom exceeds a dozen in the year. I shall see what can be done in the matter.

I was very pleased to go round the Dayanad Ayurvedic College and congratulate the management and the staff of the College, on their efforts to revive the ancient Ayurvedic system of medicine with the aid of the modern Medical Science.

SD. ASGHAR ALI
ASSTT. INSPECTOR GENERAL, CIVIL HOSPITALS.
23. 11. 29

Remarks by Hon'ble Malik Feroze Khan Noon, Minister for Local Self Government, Punjab, who visited Dayanand Ayurvedic College, Lahore at 11 A M.on Thursday the 17th April, 1930, and was received and accompanied in the visit by R.B. Durga Dass, President, D. A. V. College Managing Committee, Mr. Mukand Lal M.L.C., Vice-President and Lala Har Gopal, Secretary.

"I visited the D.A.V. Ayurvedic College this morning at the invitation of the Managing Committee. I was much impressed by the institution.

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I had no idea of its possessing such good buildings as it does. The Materia Medica Museum of Indian herbs and drugs was most interesting and has a great future before it. If research work in this line is carried on, on proper lines, it can prove of immense value to the country. The authorities are badly in need of Dead bodies for the teaching of Anatomy. The institution seems to possess good text books and I understand that usually only Matriculates are admitted. The shortage of students in the last 2 years Classes, I was told is due to the fact that after two years education, students get Certificate from the college and are able to go and earn living in the villages and do not return to the College for higher studies and others do not come because they cannot afford to stay on much longer,

Copy should be sent by the Principal to the Inspector General of Civil Hospitals, Punjab.

(Sd.) MALIK FEROZE KHAN NOON,
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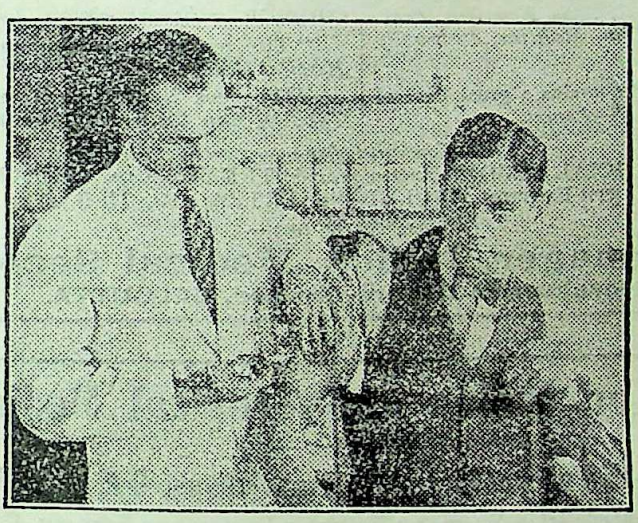

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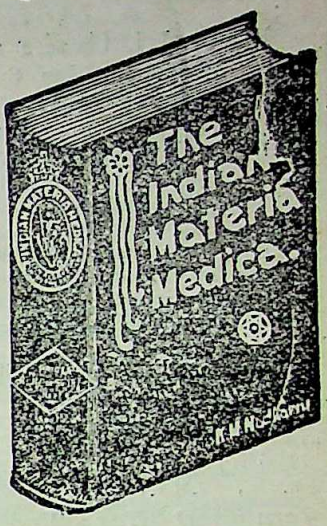

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or the Hindu System of Medicine.

Vol. VII] July, 1930. [No. 1

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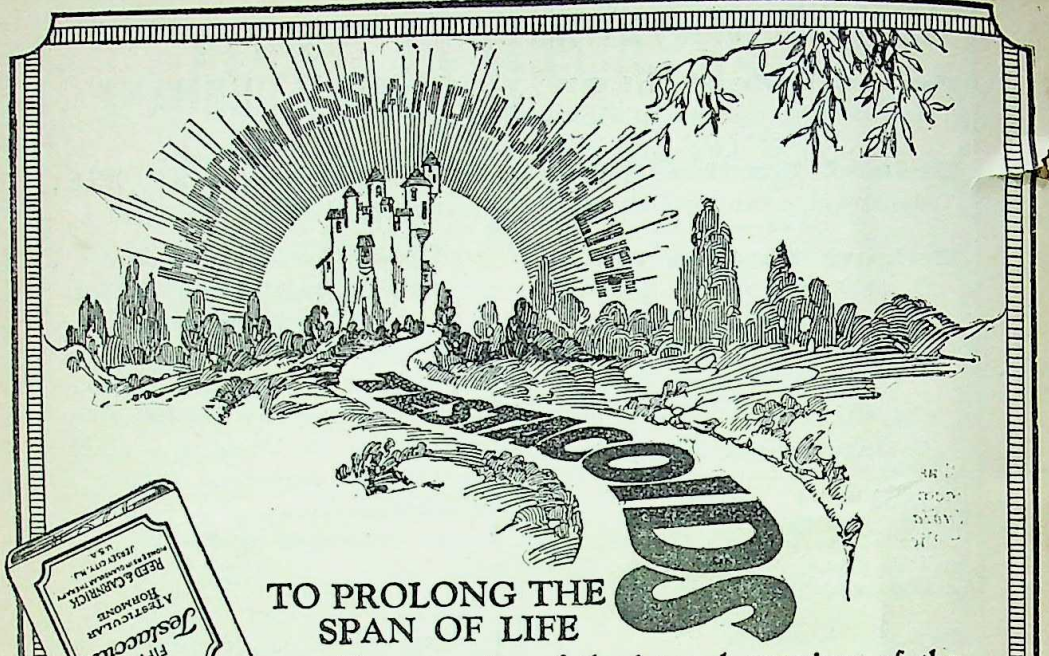

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THE JOURNAL OF AYURVEDA

Vol. VII.] July, 1930. [No. 1.

The Year Out

—:o:—

With the current issue, the Journal of Ayurveda steps into its seventh year of existence after completing the sixth and we congratulate ourselves on this memorable occasion for rearing it up so long, the task being not in the least an easy one.

We take this opportunity to thank our readers and patrons for their valuable co-operation in our task of conducting the journal and their sympathy has always been a great factor in the achievement of our success.

The year under review is no doubt a momentous one from various stand points. This year saw the incarceration of Mahatma Gandhi, world's greatest saint, who laid the foundation stone of the Jaminibhusan Astanga Ayurvedic College—India's best Ayurvedic Institution. With the Mahatma are imprisoned thousands of Indians, great and small, and men outside are passing out their days in grave anxiety and unrest, uncertain of peaceful atmosphere in the near future. Business condition, except in a few instances, is becoming gradually worse, the result being that business men throughtout India are experiencing a grave crisis and it is apprehended everywhere that if something of the nature of a miracle does not happen in the near future, many well established business houses will have to close their doors.

We are also feeling the pinch of the present unrest along with others due to general trade dumping that tells heavily upon the buying capacity of the people in general. Besides, the present Press ordinance has been a great menance in the way of successfully conducting a

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journal or a newspaper. It has already killed many first class newspapers and thus independent opinion from an editor's pen is now a thing of the past, nor can one be tempted easily to accept news published in existing papers as facts.

Dr. Bidhan Chandra Roy, President, All India Medical Council, has been arrested and sent to jail for six months on a charge of holding a meeting of the All India Congress Executive Committee. He was one of our greatest sympathisers and we offer our sincere congratulations to the great doctor. Although he cannot claim to be the first medical man to earn conviction in connection with the present political unrest in Bengal, yet his sacrifice for the cause of India is no doubt praiseworthy and medical profession in India should feel proud of their leader.

This year Bengal has lost a great patron of Ayurveda in the death of Maharaja Sir Manindra Chandra Nandy, Kt., of Kassimbazar. With his unbounded charity, sincerity of heart and soul and above all his gentle and kind nature that could make friends with the high and the low alike, every body is familiar. As a protagonist of education his name will be immortalised. He was also a great lover of Ayurveda and in order to spread the knowledge of this indigenous science, he made valuable contributions. The Govinda Sundari Ayurvedic College of Calcutta is a monument of his activity in this direction. The institution was started with the help of the late Maharaja in memory of his mother and was maintained at his cost. We are glad to learn that the College is now on a sound footing and is self-supporting and that the name of the great patron will not be forgotten so far as Ayurveda is concerned.

Our readers are already aware of the results of the last All-India Medical Congress where resolutions were passed advocating boycott of foreign drugs, especially British drugs wherever possible and we naturally

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expected much out of same. It was also resolved to establish an All-India Medical Council as also to make provision for recognition of qualified Vaids and Hakims. We wholeheartedly endorse this resolution as it will go a long way in bridging over the gulf that has been long existing between the sponsors of Indian and western systems of medicine.

We take this opportunity to note here that a sign of revolt is already in the field and everything bearing a foreign label is not now-a-days believed to be a pancia for all diseases. These are being tested, retested and compared with indigenous preparations of similar type and, if found wanting, are being cast aside inspite of fine packing and attractive labelling. This is why preparations of Kurchi are replacing emetine, those of Guduchi Quinine and again those of Palas and Birang Santonine. Indian chemists like Bengal Chemical and Pharmaceutical Works, Indian Medical Laboratory, Calcutta Chemical Works, Deshbandhu Ayurvedic Works and Union Drug Co. Ltd., are bringing out really valuable medical preparations of indigenous drugs in western fashion and our hearty congratulations go to such firms who are doing real service not only to their country but also to indigenous system of medicine.

As usual, we have published several reports throughout the year about Ayurvedic dispensaries, hospitals and institutions and we may make bold to say that these are encouraging. The fourth annual report of the Kottapatam, L. F. Dispensary is in our possession and its perusal shows that the cost of treatment per patient is only 4½ pies. As many as 16401 patients were treated at such an out-of-the-way-place dispensary during the year. This shows clearly that indigenous medicine is not only cheap but at the same time it is liked by the people at large, provided the physician is good. The success of a particular medicine depends on the knowledge and skill of the prescriber. The late deterioration of

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Ayurveda was mainly due to the dearth of skilled Ayurvedists. Now that India has got many well equipped Ayurvedic Institutions, the dearth of qualified Ayurvedic physicians is becoming gradually solved, so that the future of indigenous medicine is rather glorious.

We are glad to inform our leaders that in Bombay an Ayurvedic University under the name of Dr. Popat's Ayurvedic University has recently been established. We wish the University all success.

At Bombay, there has been a proposal to establish an All India Ayurvedic Graduates' Association which will enroll only the graduates passed out from recognised Ayurvedic institutions. The object of doing so is that the present graduates in Ayurveda passed out from such institutions hold generally comparative views and are always willing to incorporate what is good in other Sciences. Besides, when such graduates will be sufficiently strong numerically, they will be able to fight with the Government for recognition and support and thus be of use in advancing the cause of Ayurveda. While offering our whole-hearted support to the sponsors of this proposal, we wish they should also include within their fold other Vaids who did not pass out of any recognised institution but still hold advanced views like those of other members of the proposed Association.

A little bird whispers into our ears that all is not well with the affairs of Jaminibhusan Astanga Ayurvedic College. There has been a cleavage in the Managing Committee of the Institution as the latter is a curious mixture of medical men and the laity. However, the breakage has not been thorough and there has been a temporary lull in the intestinal quarrel. But the best course for the authority would have been to purge itself of those who are at the root of these frequent troubles.

Kaviraj Shyamadas Bachaspati, Principal Vaidya Shastrapeeth, Calcutta, deserves congratulation of the

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Ayurvedic world for peacefully going on with his institution while Govinda Sundari Ayurvedic College is also jogging on merrily.

We have received encouraging reports also from the D. A. V. College, Lahore as well as from the Benares Hindu University Callege, Ayurvedic Branch. It is gratifying to note here that the Benares Hindu University has introduced a Research department and much is being done here in this direction. Some articles touching research work of this National University have appeared in the pages of Journal of Ayurveda and we hope to present our readers with more contributions on the line.

In this connection, we congratulate our learned Editor Dr. Girindra Nath Mukherjee, B.A., M.D. on his valuable work done to the cause of the journal. His contribution on "Midwifery in ancient India" to the Journal of Ayurveda and that on "Vedic Medicine" to Indian Medical Record have been well received and our sincere thanks go to him. In the same breath let us not forget to thank Dr. Ashutosh Roy, L.M.S. of Hazaribagh, the erudite scholar and a great lover of Ayurveda. It may now be safely asserted that Dr. Roy was the man incognito in whose collaboration the journal was originally started and maintained by the late lamented Kaviraj A. C. Bisharad. It is needless to speak much of this vastly-read writer as he is already too well known to our readers. His contributions to the pages of the Journal of Ayurveda are always sought for, not only in India but also outside. His valuable contributions on "Food," "Pulse", "Nervous System" and "Fever" according to Ayurveda are worth preserving and should adorn the library of every medical man and institution. These are mines of valuable information hitherto unculled, unarranged and unravelled.

In conclusion, let us thank our well-wishers for their patiently bearing with our shortcomings and helping us ungrudingly throughout the year. We on our part congratulate ourselves on completing yet another year of our existence inspite of the present restful condition of the country. Let us, however, hope that we would soon see better days and serve the cause of Ayurveda in a better way in a calm atmosphere.

H. N. C.

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Original Articles

THE NERVOUS SYSTEM OF THE ANCIENT HINDUS

BY

ASHUTOSH ROY, L.M.S., (Hazaribagh)

(Continued from our last issue)

—:o:—

The course of Ida, Pingala and Sushamna in the brain.

The fibres of Ida, Pingala and sushamna coming up inside the cranium, forms the the a-ka-tha triangle in the lower portion of the floor of the 4th ventricle.

The fibres then pass up though the three Bindus (a-ka-tha) along the line of the Sun, Moon and Fire and form the *Kamakala* triangle of yamala with its three apices where are situated the Pineal and the Nates and Testes of corpora quadragemina. The fibres of Ida and pingala referred to here are the afferent and efferent fibres inside the Sushana and not sympathetic fibres, which end in the sympathetic centre in the a-ka-tha triangle.

The fibres then pass up through the three vindus. Moon Sun and Fire along the lines of Brahma, Vishun and Rudra and form the higher kamakala triangle (3rd ventricle).

The apices of this triangle are formed by the Guru (fornix) and the two basal ganglia optic thalanmo and the corpus striatum.

The manipitha (lit. jewelled altar) is the velum interpositum. It separates the fornix from the 3rd ventricle.

It is thus situated in the kama-kala triangle (3rd ventricle) in the ocean of nectar.

The three sides of the kama-kala tringle represents the "Tri-vindus" (Three forces) meta-physically the three "Tattvas". The supreme "Tattoo" embodies within itself Brahma, Vishun and Shiva (Shaktananda Tarangini).

The three tattvas sattva, Rajas and Tamas surround the yoni mondal (triangle). Above is the line of sattva, the lines of Rajas and Tamas are on the left and right (Tantra jivan).

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The three tattvas correspond to the three "Bindus" "Bindu" is Shiva-Shakti divided into :—

Bindu, Nada and Bija corresponding to sun, moon and fire
(Sharada Tilaka)

Their position is given as follows :—

Bindu-above
Nada-Below
Bija-between Nada and Bindu
(Kangkala malini Tantra)

Bindu (sun) pitta discolution presided over by Shiva (God of destruction) motor area of cortex, corpus striatum, efferent fibres.

Nada (moon) Kapha, preservation presided over by Vishnu, sensory area of cortex optic thalaneus, afferent fibres.

Bija (fire) vayu, life, creation presided over by Brahma, union of Shiva-Sakti Regulative area.

These correspond to three groups of fibres of the Sushamana in the brain,

The Irah fibres of Sushamna (Nada).

The kundala fibres of Sushamna (Bindu).

The regulative central fibres of Sushamna (Bija).

These end in the basal ganglia and fornix from which start cerebral afferent, efferent and association fibres or interlobular fibres between the sensory and motor tracts of the brain, (the cerebro-sinal fluid dribbling from the Chandra Kala in the Chandra mondol).

This manipitha is the highest manipitha situated in the Sahasra (brain proper) and should be distinguished from its lower portion in the 4th ventricle, which keeps the pineal in position in the lower kama-kala triangle of yamala and from the lowest manitha in the heart.

The mani (lit. gem) is "chitta" says Woodroffe. "Chita" has been defined by Prof. B. N. Das Gupta (yoga as philosophy and religion) as the "conservative state of mind, which is the repositary of all experience" (Subconscious).

The Guru or Param Hangsha or Paran Shiva (cosmic soul) is located in the fornix and is seated on the "island of gem" (manipitha) in the "ocean of Nectar" (cerebro-spinal fluid in the 3rd ventricle). The manipitha is between Nada and Bindu (basal ganglia).

The descriptions of the upper triangle of the 4th ventricle (kamala of yamala) and of the triangle in the third ventricle

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(kama-kala triangle) proper is so identical as to become very confusing.

Both are known as Kamakala triangle

Both are formed by three lines

Both have three apices.

Both have manipithas over which is located the soul, one in the Pineal, the other in the fornix, through which ventricles flows the C. S. fluid.

One is in the upper part of 4th ventricle the other in the 3rd ventricle.

Further confusion arises as there are described two Hangshas one is the respiratory centre in the A-ka-tha trianle, the other is the seat of the soul or the pineal gland.

There are three manipitha, one in the heart one in the kama-kala triangle of yamala in the upper part of the floor of the 4th ventricle and the third in the third ventricle.

There are two kama-kala triangles in the upper part of 4th ventricle and the 3rd ventricle.

There are two "gurus" (Pineal and fornix) The lower Guru (Pineal) sits close to but below her (para-vindu rupa-shakti) the chief force of the brain located in the 3rd ventricle and is known as "Hangsha" (the upper Hangsha).

(*c*) *The Param Guru with his two lotus feet.*

The Param Guru or Param Hangsha is the fornix seated on the "manipitha" (velum interpositum) like a mountain of silver (composed of white fibres) under the canopy of sahasra (corpus callosum of the brain).

The two lotus feet correspond to the optic thalannes and corpus striatum of the Basal ganglia which grow in the lake of nectar (3rd ventricle) from which drops ruby coloured nectar (cerebro spinal fluid).

The lotus with its head downwards which drops Nectar is the Chandra Kala" in the Chandra mondal corresponding to the choroid plexus secreting the cerebro-spinal fluid.

The kundalini (fire) drinks this nectar and is soothed. Excess of katabolism is prevented.

The Param Guru or Param Hangsha is the cosmic soul (God) He is in the lotus of thousand petals in the head, (cerebrum).

Pancha paduka describes, as stated above, the five fold foot stood of the "Guru" or 5 important structures, the seat of chitta"

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(soul) in the metaphysical sense and centres of forces in the physiological sense. There are 2 classifications as follows :—

A

(1) 12 pettaled lobe =medulla and pons.
(2) A-ka-tha triangle =4th ventricle
(3) Hangsha =Pineal gland
(4) Manipitha with Nada & Bindu } =Velum interposition with the basal ganglia.
(5) Guru resting his 2 feet or 2 Basal ganglia } =Fornix resting on the basal ganglia which consists of optic thalamow and corpus strictum.

B

(1) 12 petalled lobe —medulla and pons.
(2) A-ka-tha triangle —lower part of 4th ventricle.
(3) Manipitha mondal with Nada and Bindu of yamalas Kama kala triangle. } upper part of 4th ventricle with Nates and Testes.
(4) Hangsha —Pineal gland.
(5) Kama-kala triangle—3rd ventricle.

"Kama-kala-maline Tantra" speaks of Hangsha as below manipitha (vide classification A).

It is to be noted that "Prakriti" is located in the lower triangle (akatha triangle) the "Purush" in the upper triangle (Kama-Kala triangle) and the union of Prakriti-Purush is at the Pineal gland between the two triangles. That is, the soul is located in the area, comparising the 4th and 3rd ventricles. Fichte supposes "soul as a space-filling principle" (Ranode).

Another point to note is that the two opposing Ida and Pingala fibres (of the antonymic system) are located on the left and right side respectively (denied in modern medicine, which however acknowledges that the left vagus is more powerful, that is the para sympathetic are more powerful on the left side). Similarly the left basal ganglia, (optic thalamus) is more powerfully afferent and the right basal ganglia (corpus striatum) is more powerfully efferent according to the Hindus.

(*ii*) *Chakras in mid-brain.*

There are two "chakras" in this region :—

(*a*) Surjya-mondal corpus striatum (Surjya bindu)

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(*b*) Chandra mondal optic thalamas (Chandra bindu)

By the side of chandra mondal within the 3rd ventricle is chandra kala or am-kala which corresponds to choroid plexus constantly secreting Nectar or Cerebo-spinal fluid.

Inside Chandra kala are :—

(1) Nirban Kal—the seat of Nirban shakti (lit. force of salvation.)

(2) Nibodhika—the seat of fire (below the Surjya mondal in the 3rd ventricle.

(3) Para Bindu—place of union of shiva and shakti (connected with pineal).

(4) Void-O-within—Shivasthan seat of Devata (cosmic soul).

All these are structures in the floor of the third ventricle impossible to identify accurately.

From the description we can however roughly identify them as follows :—

(1) Nirban Kala situated below chandra kala corresponds to the structures in the inter-pedencular space.

(2) Nibodhika situated behind the nirban kala corresponds to the tegmentum of crus cerebri.

(3) Para Bindu divides into three vindus which corresponds to the Pulvinar and the Internal and external goniculate bodies.

(4) Void or shivasthan probably corresponds to the trigonum Habenulæ a depressed triagular area containing collections of Nerve cells to which fibres pass from the Pineal gland.

(*iii*) *Chakras in the upper brain.*

These structures are located below up from the vasal ganglia and are as follows :—

(1) Maha Nada-seat of dissolution of "vayu" the place where the "vayu" fibres of Sushamna ends.

(2) Brahma randhra—foramen of monroe.

(3) Maha shankhini—auditary centre.

(4) Manas Chakra—sensorium.

(5) Sahasra—Nectar area of cortex.

(6) Visarga—The great void or the silent area of the Brain.

Maha-Nada is shaped like a plough or half crescent connecting "Bija and Bindu" the two Basal ganglia (afferent and efferent fibres). It is the place of dissolution of shakti" and is situated near "chandra mondol".

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It corresponds to the internal capsule between optic thalamus and corpus striatum.

It is the seat of "Vyapika vayu" (place of dissolution of force of sushamna). Here the sensory fibres going up to sensorium and the motor fibres coming down from the motor area of the cortex are compressed in a "pass" as it were, for beyond this area, these fibres spread out (dissolution of force from a narrow to a much broader area).

Brahma-randra—It corresponds to the foranun of Monroe which communicate the third ventricle (where sushamna ends) with the lateral ventricles of the brain. The grey fibres of sushamna pass from thh spinal cord through the 4th and the 3rd ventricles ending in the two lateral ventricles of the Brain.

Maha-Shankhini Nadi—It is placed just above the Brahmarandhra and corresponds to the auditary area of the brain (Posterior part) of upper temporal convalution above the fontenelle of the cranium). It is described as the head end of the "Shankhini Nadi".

Manas Chakra—The sensory area of the brain. It consists of the following : –

(*a*) *Spach centre*—Broca's convolution visnal word area auditary area.

(*b*) *Tactile centre*—in ascending pariental convolution and the pre-central fibres in ascending frontal convalution.

(*c*) *Visnal area*—Frontal convolution (centre for eye movement) visuo-Psychic and visuo-Sensory areas in occipital lobe.

(*d*) *Auditary area*—posterior part of upper temporal convolution.

(*e & f*) *Taste and smell areas*—uncinate and hippocampat convolution and the tip of temporal lobe.

Sahasra—motor area of brain includes the whole length of ascending frontal convolution and the parts hidden underneath.

Visarga. The greate silent areas of the brain which include

(i) The major part of the very large frontal convolution.

(ii) The paricto-temporal convolution.

(iii) The island of Rein

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THE PULSE IN PROGNOSIS
ACCORDING TO AYURVEDIC MEDICINE

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(Continued from our last issue)

F. Passages with several signs.

(*a*) अतिसूक्ष्मा पृथक् शीघ्र सवेगा त्वरितार्द्रिका ।
सुत्वा भुत्वा प्रयाति या तदा विद्यादसाध्यताम् ॥ II. 20.

If the pulse is very fine (thready), has the beats distinct from one another, beats with celerity, has steep strokes, is quick and soft and if the beats are separated by long gaps, the condition of the patient should be taken to be unfavourable.

(*b*) मन्दं मन्दं शिथिलं शिथिलंव्याकुलंव्याकुलं वा ।
स्थित्वा स्थित्वा वहति धमनी याति नाशञ्च सूक्ष्मा ॥
नित्यं स्थानात् स्खलति पुनरप्यङ्गुलीसंस्पृशेच्च ।
भावैरेवं वहुविध विधैः सन्निपाताहमाध्या ॥
II 4 ; II. 6 ; II. 17 ; II. 20 ; II. 26 ; II. 29 ;
II. 30 ; II. 36 ; II. 38.

जिह्मं जिह्मं शिथिलं शिथिलं व्याकुलं व्याकुलं वा ।
स्थित्वा स्थित्वा वहति धमनी याति नाशञ्च सूक्ष्मा ॥
नित्यं स्कन्दे स्फुरति[1] पुनरप्यङ्गुलीं संस्पृशेच्च ।
भावैरेवं वहुविधयुतैः सर्व्वदोशादसाध्या ॥
II. 4 ; II. 8 ; II. 28 ; ([1]स्थानात् स्खलति) ; II. 34 ; II. 36.

शिथिल शिथिलं मन्दमन्दं तथाकुलमाकुलं ।
वशति सुतनुः स्थायंस्थायं विनश्यति च क्षणं ॥
लगति च पुनः कर स्पृष्टा पुनः पुनरङ्गुलिं
सरति धमनी भावैरेतैर्यमालयदूतिका ॥ II. 24.

If the pulse becomes slow, very soft and very agitated (that is, the beats are not natural and uniform), the beates are separated by long gaps, the pulse becomes too fine to be perceptible and again appears beneath the examining fingers, it indicates unfavourable prognosis. Such a condition is said to be *sannipata*.

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(*c*) पूर्व्वं पित्तगतिं प्रभञ्जनगतिं श्लेष्माशमाविशतीं ।
स्वस्थान सन्तत: भ्रमणं मुहुर्विदधतीं चक्रमाधिरूढामिव ॥
तीव्रत्वं दधतीं कलापिगतिकां सूक्ष्मत्वमातन्वतीं ।
नो साध्यां धमनीं वदन्ति मुनयो नाडीगतिज्ञानिन: ॥
II. 14 ; II. 17 ; II. 20 ; II. 26 ; II 34 ; II. 36 ; II. 38.

If the pulse shows the characteristics of *pitta*, *vayu* and *kapha* in rapid succession and it becomes forcible (rising with a steep stroke), beats like the progression of a peafowl (that is, beats tardily with a slow rise and fall) and becomes small, the condition is considered unfavourable. It is a severe grade of auricular fibrillation.

(*d*) व्रजति भूजगभङ्गी याति शैथिल्यमेष ।
विरमति पुनरेति व्याकुला याति मूर्च्छा ॥
व्रजति सप्तदिवसंस्तब्धवत्स: प्रवाधां ।
वहुगतिरिति नाडी सन्निपातादसाध्या ॥ II. 36.

If the pulse beats like the progression of a snake, is soft, disappears, becomes agitated (irregular), becomes fine, beats for seven days in its own place with difficulty, it indicates unfavourable prognosis from *Sannipata*.

(*e*) ज्वरे तीव्रे सायं धमनि ननु वैगोद्भवगति
मनिलपित्तभूयान् कठिन पवनोवत् करोति वाशिरं
कण्ठदाहो भवति परिदाहश्च दिवसे प्रयाते सार्धंसौ
पितृपतिपुरीम् चाशु व्रजति II. 24.

If there is high fever in the evening, the pulse being of *Vayu* and *Pitta* character, beats with force (or with frequency) or beats with hardness like *vayu* (that is, with vayu characteristic), there is burning in the throat and burning of the body next morning, the patient will die soon.

We are inserting below the death signs apart from the pulse for convenience.

(*f*) ज्वरसानुबन्धो भवेद दृष्टिमन्द: पुनस्तीव्रता याति दिदृक्षो ।
वहिर्शैत्यमन्तश्च दाहो दिवा वा निशायां भवन्त्येव ते मृत्युभाज: ॥ II. 24.

If there is fever, there is dullness of sight, again the sight becomes acute, there is coldness on the body surface and burning inside, day and night, the patient will die.

(*g*) क्षीनस्वरो मन्दोदृष्टो काश श्वास मोहाकुल ।
हृदि शोथं भवेद्यस्य कुक्षियुग्मं न जीवति ॥ II. 37.

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If the voice is gone, the sight is dull, there is cough, difficulty of breathing and drowsiness, there is oedema of the chest and acute pain in the loins, the patient will not live.

(*h*) आस्राता च तथा नासा पाणिपादौ च शीतलम् ।

शिरस्ता प्रभवेद्यस्य तस्य मृत्युर्न संशयः ॥ II. 37.

If the patient is drenched with sweat, the nose, feet and hands are cold and there is dullness of the brain, he is going to die.

Here we shall deal with a number of bodily conditions which temporarily show pulse characters seemingly unfavourable, but really indicating no bad prognosis.

(*a*) Slow pulse. A perceptibly slow pulse is stated to occur in certain bodily conditions without any untoward significance.

मोहेन कामेन भयेन चिन्तया क्रोधेन लोभेन बहुश्रमेन वा ।

मन्दाग्निनो वेग धारणा पीडया स्यान्नाडिका मन्दतरा नृणां मृशम् ॥ II. 41.

The pulse becomes slower (the normal rate being considered slow) in distraction, passion, fear, meditation, anger, covetousness, hard labour, indigestion and in the discomfort due to forcible retention of urine or fæces.

(*b*) Small pulse. The pulse may be very small in certain conditions without any unfavourable prognosis.

भूताविशयुतस्यापि नष्टशुक्रस्य नाडिका ।

विदोषगमना चापि सूक्ष्माचापि न मृत्युदा ॥ II. 41.

तथा भूताभिसङ्गे च विदोषवदुपस्थिता । II. 4 ; II. 36 ; II. 38.

If a person be under the influence of an evil spirit and if a person has had excessive sexual intercourse, the pulse may resemble one due to a triple derangement and be very small, but such a pulse does not indicate death.

न विमुञ्चति या स्थानं नाडी सूक्ष्माविभाव्यते ।

तस्यमृत्युभयं नास्ति व्याधिरप्युपसाम्यति ॥ II. 36.

The pulse, which is small (thready) and is not displaced from its normal site, does not indicate death, and the patient recovers.

(*c*) Jerky pulse.

(*c*) मूकस्य सुप्तस्य विमोहितस्य दीप पदार्थानीव नाड़ी । II. 6 ; II. 34.

The pulse of a dumb, of an idiot and of a beguiled person is like a flame (?) (that is the beats suddenly rise up and fall down).

(*d*) Pulse resembling one in a triple derangement (probably indicating a rapid pulse).

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बालानामपि मूढानां सूकानामपि देहिनाम् ।
उन्मत्तामभिन्यास प्रमूढमनसामपि ॥
व्याप्तं समस्तं द्वन्द्वज दोषरूप विशेषतः ॥ II 4 ; II. 38.

The pulse of children, idiots, dumbs, insanes, fainted persons and of stupified persons may resemble the characteristics of double and triple derangement (but of no unfavourble significance).

सन्तापितेचुधायां.....विस्मयेपि च ।
भाराक्रान्ते .....नित्यपठते ॥
उत्साहे च तथोद्वेगे क्रोधे .....
नाड्या स्फुरति तैर्द्वंसे दोषजात विकारजैः ॥ II. 12.

The pulse in grief, hunger, surprise, carrying heavy weight, constant reading, exertion, agitation and anger resembles one in *vikara* due to derangement (of the principles). In all the cases we get a very quick pulse.

(*e*) Pulse with some apparently unfavourable signs.

स्वस्थानच्यवकं यावद् धमन्यानोपजायते ।
तदातच्चिह्न सत्वेऽपि नासाध्यत्वमिति स्थितिः ॥
II. 4 ; II. 8 ; II. 36 ; II. 38.

So long the pulse is not displaced from its site, the prognosis is not to be considered unfavourable (hopeless condition), even if the signs are otherwise bad.

(*f*) Pulse imperceptible or nearly so.

(1) भारप्रवाह (प्रहार) मूर्च्छाभयशोकप्रमुखकारणान्नाडी (विसूचिकासु नाडी च) ॥
संमूर्च्छितापि गाढ़ पुनरपि सा जीवितं धत्ते ॥
II. 1 ; II. 4 ; II. 8 ; II. 20 ; II. 25 ; II. 26 ;
II. 34 ; II. 36 ; II. 38 ; II 41.

(2) विसूचां दृश्यते नैव नैव स्थानं विमुञ्चति । II. 38.

(3) पतित सन्धितो भेदो नष्टयुक्तश्च यः युमान् ।
शाम्यते विस्मयस्तस्य न किञ्चित् मृत्युकारणं ॥
II. 4 ; II. 36 ; II. 38.

(4) स्वस्थानहीने शीते च हिमाक्रान्ते च निर्गदाः ।
भवन्ति निश्चला नाड्यो न किञ्चित् मृत्युकारणं ॥
II. 4 ; II. 18 ; II. 36 ; II. 38 ; II. 41.

(5) अजीर्णे वातरोगे च व्यायामे मैथुनश्रमे ।
तप्ताङ्गे चापमाक्रान्ते नाड्यस्त्रका न मृत्युकृत् ॥
II. 4 ; II. 36 ; II. 38.

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Here we have a number of bodily conditions where the pulse may be imperceptible or nearly so. As the pulse comes back to the normal condition, there is no unfavourable prognosis The conditions are thus enumerated :—

(1) Carrying heavy weights (1)
(2) Having been beaten (1)
(3 Fainting (1)
(4) Fright (1)
(5) Grief (1, 4)
(5) Cholera (1, 2)
(7) Fall (3)
(8) Fracture being set (3)
(9) Diarrhœa (3)
(10) After excessive sexual intercourse (3, 5)
(11) Exposure to cold (4)
(12) Indigestion (4)
(13) Nervous disease (5)
(14) Athletic exercise (5)
(15) On exposure to heat (5)
(16) Drowning (5)
(17) Surprise (3)

(*g*) Irregular pulse.

समं (समङ्गा) या वहते नाडी तथा च न क्रमं गता।
अपमृत्युरोगाङ्गा नाडी तत् सन्निपातवत्॥ II. 4 ; II. 127.

If the pulse with uniform beats has an irregular rate, there is no fear of death, although it resembles *sannipata*.

(*h*) स्रोकं वातकफं दुष्टं पित्तं वहति दारुणं।
पित्तस्थानं विजानीयाद् भेषजं तस्य कारयेत्। II. 4 ; II. 18 ; II. 38.

If there is derangement of Vayu and Kapha and Pitta is very strong, the physician should treat the pitta derangement (there is no fear of death).

(III) Pulse conditions revealing the time of death. The prediction of the time of death by the pulse and other bodily conditions has been one of the highest achievements in the sphygmology of the Ayurvedic system of Medicine. According to the Hindu customs, there is a ceremony of bringing the patient to the bank of the river Ganges and letting him die on the river side. As the dying man has sometimes to be brought from long distances, it is highly important that the death time should be known at least

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approximately. However empirical such an idea may be, there are so many authenticated records on the prediction of death time from the pulse examination that there is much to be said for it, at least for its practical application.

There are two main principles underlying the prediction of death from the pulse examination. (1) The disappearance of the pulse from the wrist and the amount of such displacement. By continued observations the amounts of displacement have been co-related with the periods the dying patients going to live. (2) The various combinations of pulse conditions are dictated for ascertaining the time of death of a patient. They have no doubt been derived from wide experience. In general, they indicate a gradual failure of the myocardium and the vasomotor mechanism.

(*a*) Pulse conditions which indicate immediate death.

त्रिदोषे स्पन्दते नाडी मृत्युकालेऽपि निश्चला। III. 2.

The pulse which has been indicating a triple derangement, stops at the time of death. The passage no doubt refers to a cardiac failure in auricular fibrillation.

मृतिकाले भवेन्नाडी शीर्णा डामरुकोपमा। II. 8.

मरणे डमरुस्थेव भवेदेक दिनेन च॥ II. 29.

The pulse becomes fine and beats like the sounds produced by beating a *damaru* (a small hour glass-shaped drum) at the time of death. If the pulse beats like a *damaru*, the death will occur in the course of the day.

The passage refers to a thready running pulse, the beats of which are not capable of being counted.

शीतलं हृदयं नासा उरुपादौ च शीतलौ।

नाडी वेगवती क्षीणा क्षणमेव न जीवति॥ II 36.

If the chest, nose, thigh and leg become cold and the pulse becomes fine and very quick, the patient does not live for a moment.

अत्यन्तशीतलाङ्गेषु स्तैमित्यनेत्रयोरपि।

स्थानच्युतिश्च नाडीनां सद्योमरणहेतवः॥ II. 36.

If the body is very cold, the eyes are still and the pulse is displaced, the patient is going to die immediately.

स्वस्थानं प्रतिमुञ्चति व्यस्ता वहति नाडिका।

सोऽचिरान्मृत्यु माप्नोति शान्तरोगेऽपि मानवः॥ II. 36.

If the pulse is displaced and is very quick, the patient dies in a very short time.

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(*b*) Pulse conditions indicating death in 24 minutes (one *danda*).

পিপীলিকা কেন্নুয়ার গতি যদি হয়।

একদণ্ড অন্তে মৃত্যু জানিবা নিশ্চয়॥ II. 9.

If the pulse beats like the progression of an ant or a millepede, the patient dies at the end of 24 minutes The pulse consists of numerous fine and nearly imperceptible pulse waves running in rapid succession.

(*c*) Pulse conditions indicating death in 1½ hour (half *prahara*).

अङ्गुष्ठमूलतोबाह्ये द्वाङ्गुले[1] यदि नाडिका।

प्रहरार्द्धादहिर्मृत्युं विजानीयाद् विचक्षणः॥

II. 4; ([1]त्र्याङ्गुले); II. 8; II. 34; II. 36;

If the pulse remains within two (three) fingers' breadth outside the base of the thumb, the patient will die at the end of an hour and a half.

(*d*) Pulse conditions indicating death in three hours.

अङ्गुष्ठमूलतोबाह्ये त्र्याङ्गुले[1] यदि नाडिका।

प्रहरैकादहिर्मृत्युर्जायते नात्र संशयः॥

II. 34; II. 41 ([1]द्व्याङ्गुले); II. 42.

If the pulse remains at three (two) fingers' breadth outside the base of the thumb, it indicates death at the end of one *prahara* (three hours).

चलाचलितवेगाच नासिकाधारसंयुता।

शीतला दृश्यते या च याममध्ये च मृत्यदा॥ II. 29.

If the pulse is very rapid and soft at the root of the nose, the patient dies in three hours.

सार्द्धद्व्याङ्गुलाद्बाह्ये यदि तिष्ठति नाडिका।

प्रहरैकादहिर्मृत्युं विजानीयाद् विचक्षणैः॥

II. 4; II. 8; II. 36; II. 42,

If the pulse is displaced from the wrist for the width of two fingers and a half, the patient will die after three hours.

(*e*) Pulse conditions indicating death in four hours and a half.

द्व्याङ्गुलाद्बाह्यतो नाडी मध्यरेखाबहिर्यदा।

सार्द्धप्रहरतो मृत्युरवश्यं जायते नृणाम्॥

I. 1; II. 4; II. 8; II. 17; II. 34; II. 36; II. 42.

If the pulse is displaced to two fingers' width from the wrist and beyond the place of the middle examining finger, the patient dies in four hours and a half. (The pulse is thus only felt by the ring finger).

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अङ्गुलाद्गतो नाडी मध्यरेखावहिर्यदा ।
सार्द्धयामोत्तरो मृत्यु:.....

If the pulse is displaced for a fingers' breadth and is outside the middle examining finger, the patient dies within 4 hours and a half.

(*f*) Pulse condition indicating death in six hours.

मध्यरेखासमा गता) नाडी यदि निष्ठतिनिश्चितं ।
द्वितीयप्रहरान्मृत्युस्तस्य स्यात्..... II. 4; II. 42.

If the pulse remains beneath the middle examining finger (that is, the pulse is displaced for one finger's breadth), the patient will die in six hours.

(*g*) Pulse conditions indicating death in nine hours.

सार्द्धयाङ्गुलप्रान्ते यदि वहति नाडिका ।
तस्यैव मरणं सत्यं प्रहरं तृतीयाद्दहि: ॥ II. 4; II. 37.

If the pulse is displaced to the breadth of two fingers and a half from the wrist, the patient will die in nine hours.

मध्यरेखान्तगो नाडी यदि तिष्ठति निश्चितं ।
तस्यैव मरणं सत्यं प्रहरं तृतीयाद्दहि: ॥ II. 4; II. 8. II. 36.

If the pulse is felt beyond the middle examining finger, the patient will die after nine hours.

(*h*) Pulse condition indicating death in twelve hours.

सार्द्धाङ्गुलगता नाडी यदि निष्ठति निश्चितं ।
चतुर्भि: प्रहरैस्तस्य ज्ञेयो मृत्युर्विचक्षणै: ॥
II. 4; II. 34; II. 36; II 42.

If the pulse remains beyond the width of one finger and a half, the patient will die in 12 hours.

(*i*) Pulse conditions indicating death in 15 hours.

अङ्गुलान्तरे नाडी वक्रता यदि तिष्ठति ।
प्रहरै: पञ्चभिस्तस्य मरणं निर्दिशेद्बुध: ॥ II. 8; II. 34.

If the pulse remains beyond one finger's breadth from the wrist and if it beats crookedly (that is, the pulse is low), the patient will die in fifteen hours.

अर्द्धाङ्गुलगता नाडी वक्रगा यदि निष्ठति ।
प्रहरै पञ्चभिश्चैव मरणं तस्य निर्दिशेत् ॥ II. 36.

If the pulse is displaced to half fingers' breadth from the wrist and if it is curved, the patient will die in fifteen hours.

(*To be continued.*)

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TREATMENT OF MENORRHAGIA AND METRORRHAGIA IN INDIAN MEDICINE

BY

VAIDHIAPATHY, T. G. RAMAMURTHI IYER,

Physician and Surgeon, Municipal Sidha Dispensary,

ERODE, (MADRAS PRESIDENCY.)

It is needless to point out the various causes under which these symptoms arise in womanhood. The history of the cases and treatment given in the following cases may be of interest to the profession. In these cases the treatment prescribed in the western system is generally hot douches, rest, nursing, opium, ergot, some styptic injections advertised by the chemists, and other uterine sedatives, also calcium preparations to coagulate the blood. And lastly, when every one of these fail, a resort is made to the removal of uterus, which organ is considered to be the source of danger to the patient if it is allowed to exist. Unless the haemorrhage is due to the malignant disease such as cancer, I don't see any reason to resort to surgical interference. It is very few that resort to hospital treatment for such conditions. In ordinary cases of prolonged menopause, the ladies resort to home treatment such as the milky juice taken from the tree of Jambal, Agathi Grandiflora or a decoction made of the barks of such astringents, (vegetables) and set themselves all right. Cases of malignant diseases for which the patients resort to hospital treatment are all advanced cases where radium could do little. For such cases, the only treatment invented by the human ingenuity is "Opium."

CASE NO. I. A Brahmin lady aged 35, Multipara—school master's wife—resident of Erode, pregnant 9 months. When she was carrying water in a brass vessel slipped and fell down on the foot steps of her house along with the pot on her left side of the small of her back. Immediately hæmorrhage started and labour pains commenced. So she was removed to the allopathic hospital for treatment. Under $CHcL_3$ the dead fœtus was extracted. The general routine treatment for such conditions was

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given according to the prescribed lines in the western system. The bleeding stopped for a few days and relapsed. For about 4 months she was in bed and all treatment was of no use. Finally the lady was advised to have the uterus removed. Therefore she had to consult me. I concluded that if there was any rupture, the patient would not have lived all these days. It could not be anything else but congestion somewhere in the uterus or ovary as a result of the fall. So I gave the following treatment according to Eastern System. Ayakaruppu—a preparation of Iron immersed in the juice of tender berries of Karuvelam (Tamil), *acacia arabica*, for 6 months, dried and powdered. This is of black colour in 5 grain, doses twice a day mixed in honey. This stopped the bleeding completely on the 3rd day. From the fourth day forwards there was not even slight oozing. After 20 days she complained of bleeding again, and waited to see if it is ordinary menopause but this continued on the 5th day also, so I repeated the treatment for 3 days more and stopped and then gave a powder called Poongavi Sinduram which is made up of alum and Poongavi. (Tamil) and continued till the next period of menses which became regular and the general health of the patient who was very anaemic was completely restored.

II. A rich Chetty lady aged 40—Multipara—a village near Bhavani-was first seen by me in the following condition: Temperature 104 degree F., shivering, very anaemic, bed ridden, blood coloured discharge from the uterus, passing half a dozen times a day and the quantity was more than 2 oz. at a time. No appetite, bowels constipated, urine scanty, temperature gradually falls to 100 degree F., irregular pulse varies from 90 to 110 per minute, very feeble at the wrist. Left side of the uterus was felt to be hard and of the size of an orange.

HISTORY OF THE CASE:—She said that she was carrying 3 months. One day in her village she went to the garden to attend to calls of nature as is the custom among the village folks to go out for such purposes both morning and evening in company with other women. There she was standing near a dilapidated wall in the garden and waiting for the return of her friends. One common street crow came flying over her head and brushed its wings on this woman's head and picked out her hair from the head with its legs. This process was repeated about 3 or 4

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times in a few minutes before she could run away from the spot, by the same crow. She went home frightened by this event and composed her feelings, washed her hands and feet and lay down in exhaustion. In a couple of minites without any pain in her abdomen it began to bleed from her uterus. One native physician of the place prepared some decoction for the fear and gave her. Still the bleeding continued and some other physician treated her and it became less afterwards. But no hard substance came out to indicate complete abortion. As days went on *i.e.* about 4 months passed after the first event, she had slight discharges of bloody colour now and then and sometimes it was profuse. Thus she became emaciated and lost appetite. A lady M. B. B. S. was sent for and she was under her treatment for about one month without any improvement and finally advised by her to have her uterus curetted under CHcL3. At the time of this final opinion the patient was said to have shivering in fever, and was pale and very weak. So, she refused to follow this advice and her husband and other relations also were not willing to have any operation, as the condition of the patient was such that she might not live long. It is a common fear among the village folk to hear the very word *operation*. So she went to a male M.B.B.S. of Madras University who conducted P. V. along with another lady S. A. S., suggested that she must proceed to Madras and undergo radium treatment and probably thought it to be a malignant disease. The patient's condition was such that she could not be removed anywhere especially when she was so weak and having fever on. Consultations of various doctors made her feel completely hopeless of a cure. So, she determined to stay at home until death moves her out as men with riches naturally like to live in their own place and house when their condition becomes grave. At this stage I was sent for.

TREATMENT:—according to western methods she had douches styptics, Ecbolics and every thing noted above, done by the lady doctors. So I had no necessity to fiddle the same string. According to Sidha System, I tried first Ayakaruppu, the preparation of Iron, which lessened the discharge to a certain extent but the temperature did not come down. Suspecting the shivering to be a case of malaria, as no septic purulent discharge was noticed, I gave her two intra-muscular injections of Quinine Bi-Hydroch. 5 grs., as she had nausea and vomiting I could not give

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this by mouth, which did not control the fever. So I gave a decoction of the following :—

TAMIL.	ENGLISH OR LATIN.
Sindil kodi	Tinospora cordifolia.
Dhania	Coriander.
Koshtam	Sauss, urea Lappa.
Sandanathool	Sandal wood.
Kadugurokini	Picrorrhiza Kurroa.
NILAVEMBU	Chirretta.
Vishnukrandam	Evolvulus alsinioides.
Parpadakam	Mollugo Cerviana.
Perichengai	Dates.
Adimaduram	Liquorice
Korai kilangu	Cyprus Rotundus.
Jeerakam	Cumin Seeds.
Nannari	Sarasaparilla.
Peipudal	Luffa amara.
Drakhsha	Grapes.

Each 3 tolas boiled in 4 measures of water and reduced to ½ measure and taken 3 times a day. Dose 1 oz. And a powder containing Panchamirtha Sinduram made up of Lead, Tin, Zinc, Magnet, Mercury, and Sulphur ground in Eclipta Erecta Juice, and Aloe root Juice, and heated for 24 hours in a covered mud crucible. 1 grain doses, twice a day. The temperature came to normal gradually in 3 days and the woman one morning saw a piece of fleshy mass slipping out of her vagina which she preserved for my examination. When I saw this mass I dissected it and found tuberous hæmatomata. So I concluded it to be a carneous mole which was felt hard on the side of the uterus and which portion is now felt soft. Since then an uneventful recovery took place and her health restored to normal.

III. A Brahmin lady aged 32, wife of a Veterinary Assistant Surgeon in the Government employ, Multipara, suddenly began to bleed when in monthly periods. But she took it to be due to heat. Since the bleeding lasted for more than a week and she became much debilitated I was called in to treat her who was a chronic malaria patient. I began the treatment with my iron

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preparation but this began to irritate her bowels as she complained of pain in the anus, as if she has got piles and also some pain in the abdomen. So I stopped it and gave Unani Sinduram which lessened the trouble. But malarial fever relapsed and this was treated with the decoction which I have mentioned in case 2 and she became all right. Some 20 days after, all symptoms of menorrhagia stopped. So I gave Panchamirtha Sinduram in one grain doses for 24 days until the next period of mense and for the last two months she has no complaint and is having regular periods. Even when all signs of menorrhagia stopped, she was complaining of pain in the lower part of the abdomen. So I gave her 15 m. of oil of Chenopodium, 1½ oz. of castor oil and to my surprise she passed about a dozen round worms and I repeated the same again after a week. Then all the abdominal pain and irritation in anus disappeared.

IV. About half a dozen cases of the nature of No. 3 came to the out-patient department of my dispensary, some had Syphilis or Gonorrhea and some of them had frequent abortions. Such cases were given the Iron preparation and Poongavi Sinduram combined and in a week's time all were pleased to say that the discharge completely stopped and their health restored. Before coming to me they said they had allopathic treatment but no good was derived therefrom.

My learned brethern should not think that I am boasting or in any way underrating the western system of treatment, and I do not suggest that everything can be done in the eastern system. Every system has got its own efficient methods. My idea is to point out to the profession that when cases of the above nature come for treatment in this system, the treatment is always simple. Many cases, where the removal of the uterus associated with many risks which our surgeons know very well and the after life of a young woman is thus changed into that of a doll in the world by some costly treatment, on travelling to the Presidency Stations for radium treatment, are saved by the indigenous method of treatment. So it is desirable to make every mofussil institution useful to the poor with such cheap indigenous drugs and methods of treatment.

So, I hope that a day will soon come for western surgeons to learn the indigenous system of treatment and thus save many a limb or organ from amputation and removal under the fastidious faith of a radical cure and thus render them useful for the welfare of human lives and efficient function as extended by our glorious Creator.

* * * *

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CORRESPONDENCE

—o—

To The Editor,

THE JOURNAL OF AYURVEDA, CALCUTTA.

Dear Sir,

Please publish the following in your esteemed Journal and oblige.

In the "Antiseptic" a Monthly Medical Journal of Madras, of December 1929, my worthy friend Mr. M. G. Ramchandrarao M. B. & C. M., Chief Medical and Sanitary Officer, Puducotta writes in an article on 'Infantile Cirrhosis of Liver'—"This is a fact that old Vaidyas are aware of this ailment and there are various centres in Tanjore and Trichy. Districts, where these enlargements are said to have been treated successfully." I don't believe the statement, for I know as a matter of fact of more than a dozen cases of real Infantile liver cases having gone to the Kumbakonam specialist and returning worse ensuring a speedy death.

All the Vaidyas give very strong cholagogue purgatives resulting in the damage of kidney and producing dropsy, suppression of urine, uraemia and death. These Vaidyas are successful in curing enlargements of spleen and not of liver.

I wish to impress on every parent that true cases of liver are very rarely cured by these Vaidyas and by resorting to them for treatment, we only ensure a speedy grave and so on.

Dear Sir, is Ayurvedic treatment so misleading as the learned author says? Should I expect my brother Vaidrajas and Kavirajas to come forward and say what is the real thing? I am sure, our holy, time-worn and neglected Ayurveda must have sound treatment for Enlargement of Liver as for Spleen. Let us not blindly follow what Mr. Ram Chandra Rao says but see that we have better treatment for this 'Infantile Cirrhosis', which I leave to learned Ayurvedic practitioners to write clearly in your next issue and oblige.

I beg to remain

Sir

Your most humble servant,

Vaidya D. S Dehadrai,

Wardha (C. P.)

Wardha,

Dated 10-6-30.

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The All India Ayurved Mahamandal & Vidyapith Office, CAWNPORE.

To THE EDITOR,

THE JOURNAL OF AYURVEDA, CALCUTTA.

DEAR SIR,

Kindly publish the following notice in your esteemed paper and oblige.

Yours faithfully,
R. D. BHATTA
Vidyapith Secretary.

NOTICE.

Notice is hereby given that the degrees of Bhishak, Ayurveda-Visharad, and Ayurvedacharya have been patented and registered for exclusive award by the All India Ayurveda Mahamandal & Vidyapith and persons or institutions using or awarding them without duly obtaining them from the Vidyapith render themselves liable to prosecution.

RAGHUVARDAYALU BHATTA VAIDYA,
Secretary,
All India Ayurved Vidyapith.

——o——

To THE EDITOR,

THE JOURNAL OF AYURVEDA, CALCUTTA.

Sir,

Medicine and religion are more closely allied than many persons, and even many doctors and ministers think. The Founder of Christianity, whose work lay primarily in the religious field, was also a doctor. And his fame went throughout Syria : and they brought unto him all sick people that were taken with diverse diseases and torments, and those who were possessed with devils, and those who were lunatic, and those that had the palsy ; and he healed them "(Matthew 4-24). He also gave sight to the blind, hearing to the deaf, cleansed lepers, and made the lame walk (see Matthew 11-5). Except in one instance where he employed the physical method of anointing the eyes of a blind man with clay (see John 9 : 6-7), he seems to have effected his cures by means of some divine power emanating from him.

There is undoubtedly a power in religion—call it faith, or what you will—that can heal the sick. Many cures have been effected through faith in relics. Some years ago certain English physicians and clergymen discussed a closer relationship and co-operation between Medicine and the Church with a view towards bringing the joint agencies of both to bear upon the curing of diseases. Some Episcopal clergymen in the United States have established clinics for the cure of the sick through religious and mental means. There is a large class of mental diseases that medicine obviously can do little to cure. These mental afflictions have been caused by the patients' entertaining wrong ideas, delusions, whims, crotchets, etc., and since they have been caused by ideas,

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it takes ideas to overcome them Wise counsel, wise words on the part of those who understand just what has caused particular mental afflicions, can do much to cure the patients.

All doctors know that the hardest partients to cure are those who have nothing the matter with them. Those patients also—I refer of course to hypochondriacs—can be cured through wise counsel, religious as well as philosophical counsel.

Since I have been speaking of religion in connection with curing the sick, I should like to speak of a certain doctrine mentioned in the Bible—the doctrine of the Virgin Birth of Christ This doctrine was once firmly believed by the clergy ; but the adoption on the part of the clergy of the scientific attitude towords the interpretation of the Bible has caused many ministers to regard the doctrine of the Virgin Birth as a myth, or a recrudescence of older religious myths.

But we cannot regard this doctrine as a mere myth or fable containing no truth. It is incorporated, doubtless for emphasis, in two of the Gospels, Matthew and Luke, and it is on the same basis of validity as any other part of the Bible. Granting that the story contains truth, it becomes a matter of interpretation just what that truth is.

I have long held the belief that the story of the Virgin Birth is intended to teach us the value, under certain peculiar and restricted circumtances, of artificial fertilization of the human ovum. Under certain circumtances, and in a variety of situations, the ordinary natural process of generation cannot take place. Under these circumtances and in these situations there can be little doubt that the human ovum can be impregnated by human seed artificially removed from the male organ. This process is made use of in the case of the roe of fish artificially fertilized by milt taken from the buck fish. There can be little question that the process can also be made to apply to the generation of the human species.

This, in my opinion, is the meaning of the Biblical stoy of the Virgin Birth. Whether Jesus himself was actually generated in this way is immaterial to the truth of the story. His name is attached to the story in order to give the story greater validity. The account of this Virgin Birth is told in story from rather than in a plain statement of fact in order to awaken our interest and fiix the story in our memory. It is expressed in mystical form in order not to offend our sensibilities by a crude, bald statement of fact.

Yours very truly,

CHARLES HOOPER.

Coeur d'Alene, Idaho, U. S. A.,
May 20, 1930.

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Reports of Societies, etc.

Establishment of
DR. POPAT AYURVEDIC UNIVERSITY, BOMBAY

Hon'ble Mr. Dehlvi arrived at the College at 6 p. m. He was received by Mr. Mathuradas Vissanji, the Chairman of the Board of Trustees, and was led to the Chair by the Registrar.

On his taking the Chair, the Principal, Dr. Popat read a letter received from the Hon'ble Ministers of Education, and Agriculture, also from the Chief of Ichalkaranji, the Shaikh Saheb of Mangrol and others, after which, with the permission of the President, he read the following report.

HON'BLE MR. PRESIDENT, LADIES AND GENTLEMEN,

With a view to prevent irresponsible medical practice carried on under the guise of Ayurveda, by persons who do not care to study the Ayurvedic System of Medicine, the Ayurveda Vidyalaya now named the Prabhuram Ayurvedic College, after the late Vaidyaraj Prabhuram, who originated the scheme, was established so far back as 1896, to produce a class of practitioners who could practise Ayurvedic System of Medicine scientifically and at the same time, be conversant with the present-day progress of the Medical Science in England and elsewhere. The opening ceremony of the Institution was performed by the Late Hon'ble Mr. Justice Mahadeo Govind Ranade, C. I. E.

The aims and objects of the Institution are :—

1. The teaching and diffusion of Ayurvedic Science through the medium of the Vernaculars.
2. Associating learned and competent men in the Aryan and Eupopean Systems of Medicine in the promotion and diffusion of the Science.
3. Testing by means of examinations the qualifications of the students, and conferring on them Diplomas and marks of Honour according to their respective fitness.

Dr. Popat Prabhuram who prepared the scheme was appointed Superintendent of the Institution and it began its work from the month of June 1896. In the year 1901, the first batch of the successful students of the Institution came out, and was conferred Degrees, Diplomas and Certificates at a public meeting, by the then Chief Justice Hon'ble Sir Lawrence Jenkins, Kt.

The College since then enjoys a successful career. The Professors impart instructions in vernaculars from renowned Ayurvedic works, at the same time keeping the students conversant with the present-day progress of the Medical Science of England and other countries. Thus the teaching staff consists of both Ayurvedic and Allopathic practitioners.

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The College has a course of five years. All the branches of Ayurveda together with whatever is found necessary in the Allopathic to make up the deficiencies, are taken up in the course, and thus the subjects taught in the *Junior Classes* are Anatomy, Physiology and Tridhatu, Minor Clinical work, Ayurvedic and English Materia Medica, Ayurvedic Pharmacy and Chemistry and Ayurvedic Botany; and in the *Senior Classes* are Medicine, Surgery, Eye Diseases, Midwifery, Diseases of Women and Children, Hygiene, Medical Jurisprudence, Toxicology, Bacteriology and Tridosha and Pathology. All these subjects are taught from the Ayuredic works, maintaining the Allopathic theories side by side wherever found necessary.

The students feel the want of well-written Text-books on different subjects of Ayurveda. as the same have been scattered in the Sanskrit standard works in different parts of the same book, but Mahamahopadhyaya Kaviraj Gananath Sen, late lamented Dr. Tribhovandas M Shah, L.M., Dr. Vaman Ganesh Desai, M. B (Lond.), Vaidyaraj Shankar Daji Pade, Vaidyaraj Jatashankar Liladhar Trivedi and Sheth Khemraj Shrikrisnadass, together with Vaidyaraj Jadavji Tricumji Acharya of Bombay, Vaidyaraj Ramprasadji of Patiala, Pranacharya Haranchand Chakravarti of Calcutta, Bishagwar Ganpat Pandurang Kalokhe, Vaidyaraj Gopalji Kunverji Thakkar, Vaidyaraj Vasudeo Shastri Kadegaokar of Satara, Vaidyaraj Bipalal Gudbaddass, Pandit Shivsharma and Vaidyaraj Panditji Hariprapanji of Bombay came to their aid by publishing several good works on different subjects in Ayurveda.

The College has now gone through a career of 33 years, and as mentioned above eminent men, like Sir Lawrence Jenkins the late Chief Justice of Bombay, Justices Sir Chandavarkar, Sir Lallubhai Shah, Mr. Badruddin Tyabji, Mr. Mulla, Mr. Kajiji and Mr. Jhaveri, also Hon. Mr. Vithalbhai Patel, Pandit Mandan Mohan Malaviya, Sir Mahumud Yusuf, late Maharajah Saheb of Darbhanga etc., have presided at the different convocations of the college.

During the career of the Institution of the last 30 years, about 135 Ayurvedic Graduates and 50 Nurses and Midwives have obtained their Degrees, Diplomas and Certificates.

The funds which had a nucleus of Rs. 5,000 only, subscribed by Vaidyaraj Prabhuram Jivanram at the beginning of the Institution, increased to Rs. 51,600 paid and Rs. 5,000 promised, over and above the sum from the trustees of Seth Dayal Bhimji which approximately amounts to Rs. 70,000. The whole sum thus comes up to a lakh and twenty five thousand. At the commencement the Trustees of the Institution were Sir Bhalchandra Krishna, Kt., Vaidyaraj Prabhuram Jivanram and Rao Bahadur Visanji Khimji. The interest of the sum was put at the dispo al of Dr. Popat Prabhuram who was appointed Principal of the College when the Institution was styled as the Prabhuram Ayurdedic

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College, and a Trustee on the death of Vaidyaraj Prabhuram, for the working of the Institution. Since Sir Bhalchandra and Rao Bahadur Visanji Khimji died and Dr. Popat remained the only surviving trustee, he invited Mr. Mathuradas Visanji Khimiji, J. P., Mr. Vasanji Naranji, J. P., Mr. Girdarlal H. Mehta, Solicitor and Mr. Maganlal Hargovandas J. P., to be the co-trustees, and the funds invested in Government Promissory Notes and Bonds are now in their names.

The popularity of the curriculum of this College, prepared so as to put the instructions actually on the basis of the present day ways of teaching in the Medical Colleges and Schools of the civilised world, at the same time conveying to the students full knowledge of the Ayurvedic Science in all its branches, together with the necessary knowledge of the Allopathic Science, became widely known, and the late Hakim Ajmalkhan of the Ayurvedic Tibbi College of Delhi, Pandit Madan Mohan Malaviya of the University of Benares, and members of several other Ayurvedic Teaching Institutions were so good as to come down to see, how the knowledge was imparted in the College. Also students from other Ayurvedic teaching institutions applied as candidates for different examinations of the College but the authorities of the College could not accept them as the present regulations of the College did not allow them to do so.

A movement was therefore set on foot and Dr. Popat, the Principal of the College requested the trustees in the middle of the last year, to establish an Ayurvedic University, having an Examining Board independent of the College, so that, along with the students of this College, students of other Ayurvedic teaching institutions may also be admitted for the different Ayurdedic examinations.

The Trustees took up the hint, and after a mature consideration, and consulation with well-known Ayurvedic and Allopathic practitioners, resolved in their meeting, held on the 6th of August 1928 to establish an Ayurvedic University.

I have spoken at length about the College itself. It is out of place here to speak anything more about this most useful Healing Science of India, the Ayurveda. Still I will be failing in my duty towards the Science and its Practitioners, in a gathering of such respectable citizens and best and foremost Ayurvedic and Allopathic practitioners, with an authority like Hon. Mr. Dehlvi, Barrister-at-Law as president, if I don't publicly resist the action, from certain allopathic quarters, of lowering the prestige of the practitioners of the Ayurvedic and the Unani Systems of Medicine before the people, by not co-operating and meeting them in consultaion at the bedside of a patient seriously ill, even when the question of life and death is concerned. Ladies and Gentlemen, you will agree with me, that this is an utter want of humanity towards the sufferers, and an unjustifiable want of civility towards a fellow healer,

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doing his work only with the idea of giving relief to the suffrer by the particular system of healing art he honesly practised. Mr. President, Ladies and Gentlemen, such a procedure is nothing else but a pure trade unionism, about which the much revered late Surgeon General Sir Pardey Lukis said in his speech before the Imperial Council, "I resent strongly that spirit of trade unionism which leads many modern doctors, to stigmatise all Vaidayas and Hakims as quacks." Let me tell you, Mr. President, Ladies and Gentlemen, that Ayurveda is a perfect Science. It has its Medicine, Surgery, Midwifery, Medical Jurisprudence, Hygiene, Pathology, Bacteriology, Chemistry, Botany, Pharmacology, Materia Medica, Pharmacy, Anatomy, and Physiology, and the true Ayurvedic practitioners have to acquire a thorough knowledge of these subjects before they begin their practice. Still practitioners registered under the Medical Act, run these practitioners down before the public, by not co-operating with them, though at the time of passing the Act the Surgeon General Stephenson of Bombay had distinctly said in the Council that "It was never pretended for one moment, that the passage of the bill was to protect the qualified Medical Practitioners from Vaidyas and Hakims." In the face of these utterances of the highest authorities of the Government on the subject, Ladies and Gentlemen, no greater injustice can be done to Vaidyas and Hakims by the registered medical practitioners by not co-operating with them.

Gentlemen, I leave this painful subject here with a heavy heart, expecting, some day, justice will be done to these honest and scientific Ayurvedic and Unani practitioners by the Government, by granting them the necessary privileges which they don't enjoy now.

Gentlemen, I have already told you about the proposed University. The College has at present seven Professors, 3 Graduates of the Grant Medical College, and 4 Graduates of the Prabhuram Ayurvedic College. They teach subjects allotted them in the best way possible. The College has connected with it a small museum of specimens of different branches of the Science, with a Laboratory, a small Hospital where Medical, Surgical, Gynæcological and Obstetric cases are admitted for giving practical instructions to the male and female students and the Thakar Dayal Bhimji Ayurveda Aushadhalaya for investigations into therapeutic qualifications and doses of scientific drugs.

Gentlemen, you know, want of pecuniary help always comes in the way of the development of every useful institution, and it is the same with this; but the energetic work of the Trustees as well as other sympathisers will, I am sure, tend to overcome that difficulty. I must say here that the work of the ever enthusiastic teachers helps a good deal in bringing out good Scientific Ayurvedic Practitioners. My thanks to both the Trustees and the Professors, for the benevolent work they have been doing.

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With these few remarks in connection with the College and the University, Mr. Pesident, I beg to request you to confer on the following four renowned. Pre-Ayurvedic Practitioners, selected by the Committee for the honour, the honour of "*Pranacharya*".

First amongst them is Mahamahopadhyaya Kaviraj Gnanath Sen Saraswati, M A., L. M & S., of Calcutta who is known all over India for his love of Ayurveda He has taken a leading part in bringing into existence the Ayurveda Mahamandala of India, which is holding its conferences yearly in different parts of the country for the encouragement of the Science. He was elected several times as President of the Conference. He made a learned and scientific speech about Ayurveda at the time of the inauguration of the Hindu University, and the Government in recognition of his merits conferred on him the title of Mahamah opadhyaya. He is now conducting an Ayurvedic Hospital called the Ashtanga-Hridaya Hospital in Calcutta. He has written a work on Anatomy, "The Pratyaksha Shariram" and another "Siddhanta Nidan" in Sanskrit which have now become standard works on the subject.

Second is Vaidyaraj Laxmishankar Govindram of Jetpur in Kathiawar, now about the age of 75, still carrying on his Scientific work amongst the Chiefs of Kathiawar with great success.

Third is Jyotirvaidya Krishna Mohanji Sharma, aged 63, who has acquired a deep knowledge of Ayurveda, and in his practice depends much on nature and the predominance in the patient's system of the Doshas and Dhatus as connected wi h different seasons, one of the most important theories of Ayurveda.

The fourth is Bhishagwar Vithal Bhaskar Sukhthankar, Associate of the Aryan Medical School, aged 55, a Graduate of this College, now Practising at Goa. He for a long time acted as Resident Physician of this College and then as Professor of Vagbhatta the renowned Ayurvedic work on theories and practice of Ayurveda. While here he assisted me a good deal in drawing out a curriculum for the teaching of Ayurvedic Science in all its branches.

Mr. President, I request you to hand over these certificates to the Registrar, empowering him to send them to the proper authorities at the place where the recepients practise, to publicly hand them over to them.

(Here the President handed over the Certificates to the Registrar empowering him to send them to the recepients.)

I now request the Registrar to present the successful students of the College to your Honour for conferring on them Distinctions, Diplomas and Certificates.

THE REGISTRAR in presenting the successful students to the President said :—

Mr. President, I beg to present before you for the Degree and the different certificates of this Institution the successful students.

(Here the Registrar reads the names of the successful candidates.)

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Request to the President to announce the establishment of Dr. Popat Ayurvedic University.

MR. MATHURADS VISONJI, Chairman of the Board of Trustees said :—Hon'ble Mr. President, I rise to request you to announce the establishment of the Ayurvedic University. A resolution to that effect was passed by the Trustees of the Prabhuram Ayuvedic College in a meeting held on the 6th August 1928. The reason why the trustees came to this decision was, that the curriculum, prepared by Dr. Popat for instructions in Ayurveda for students of the College. comprising of the different branches of the Ayurdedic Science, at the same time the necessary information of the present day progress of the medical Science in the civilised world, became so popular, that the students trained elsewhere in Ayurveda also applied as candidates for the different examinations of the College. Dr. Popat therefore proposed in the Trustees' meeting, to allow them to appear for these examinations The Trustees thereupon thought it wise to establish an Examining Body, independant of any Ayurvedic Teaching Institution, under an Academy of Ayurveda, having sufficient scope, whenever found necessary, to futher develop, encourage and reform the teachings of Ayurveda, and thus keep it side by side with the advancement of other recognised healing sciences.

This resulted in the present movement of establishing a University which can do this work satisfactorily by conducting the Prabhuram Ayurvedic College and at the same time co-operating with other schools, and colleges teaching Ayurveda in different parts of India.

Mr. President, I don't propose here to go into the details of the working of the University just at present ; suffice it to say that everything necessary for the well-working of the Institution will be done, and the several bodies elected under the rules will see that the whole thing is properly managed.

I have very great pleasure here to say that Dr. Popat, who was the only surviving trustee of the College before this movement began, had invited me and my colleagues Mr. Vasanji Naranji, J. P., Mr. Girdharlal Harilal Mehta, Solicitor, and Mr. Maganlal Hargovandas, Shroff, J. P., to be the co-trustees and had handed over to us a sum of Rs. 1,25,000, the funds of the Institution lying with him then. On the above resolution of the establishment of the Ayurvedic University having passed in the meeting of the Trustees, he subscribed to the funds a sum of Rs. 15,000 in Govenment Promissory notes, the interest of the same to be used in publishing Vernacular Text Books in different branches of Ayurveda for the use of the students, and presenting a Gold and Silver Medal to the successful students with the highest marks in the Bishagvar and the Rasavaidya examinations respectively. The Trustees in a special meeting accepted the offer with thanks, and in recognition

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of his lifelong services and sacrifices in the cause of Ayurveda resolved to name the University after D . Popat.

Hon'b'e Mr. President, I now request you to announce the Establishment of Dr. Popat Ayurvedic University.

THE PRESIDENT'S SPEECH.

The announcement of the establishment of Dr. Popat Ayurvedic University.

Hon'ble Mr. Dehlvi, the President, thereupon rose and said :—

LADIES AND GENTLEMEN,

It is my first and p'easant duty to thank the Board of Trustees and my esteemed friend Dr. Popat Prabhuram, for having selected me as the President on the occasion of the ceremony of conferring distinctions and granting degrees and certificates and announcing the establishment of the Ayurvedic University this evening. I take it to be a matter of considerable pride that I occupy a chair this evening in this institution which has been occupied by a series of illustrious and most prominent men of our province. Like my predecessors in the chair, I too, find it a matter of psychological curiosity as to why I, a layman, should have been chosen to be the president of a highly technical institution like this. Perhaps my physical appearance has impressed my kind friend Dr. Popat Prabhuram, as worthy of being brought under the wholesome influence of this institution. I may, however, assure him that I feel quite fit, at least for the purposes of this evening, but the greatest assurance I can give him, with all the sincerity I can command is that he has hit upon one to occupy the chair this evening, who has, and has had all his life, great faith in the Ayurvedic and the Unani medicines. Not being a Medical man, I cannot at all claim that, I have ever moved actively or practically in the matter of Ayurvedic or Unani advance. But the question has often come prominently to my mind in my capacity as Dewan of one or two States. The question of reaching medical aid practically to all parts of the States I was concerned with, particularly in times of epidemics, had often baffled me, especially in its financial aspect. Multiplication of allopathic dispensaries, with their numerous and expensive paraphernalia, or even of a travelling dispensary, was not often found a feasible proposition. It was then that I had keenly thought of introducing Vaidyas and Hakims into the country, with practically no expense to the State or to the public. But where were they to be had ? I mean the proper class of them. The quacks in the profession, as you will all admit, have multiplied, in proportion to the disappearance of the real, genuine and trustworthy Hakims and Vaidyas, from the country. In the examination of the causes which led to the disappearance of the Vaidyas and the influx of quacks, one may feel inclined to lay the blame, as usual, at the door of Government. Perhaps

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most of you present here may also be feeling like that, and many more outside, I know, do feel like that ; and I must confess for myself that I do not blame those of my countrymen who feel that Goverment should have and could have done much more towards this part of their duty, namely, the reorganization of the Ayurvedic and the Unani medical aid. As to the popular faith which took an adverse turn towards this Science, there were and are good grounds for it, and one main is the appearance in such teeming numbers of quacks all over the country, who not only did much harm in many cases and very little good in the rest, but also shook the faith of people in the few real and genuine Vaidyas and Hakims that were and are to be found. I know two instances of which I am personally congnisant. One of my old servants, whose eyesight was failing, fell in the hands of one of the eye-quacks, who succeeded in treating him to get rid of his eyes totally out of their sockets. Instances of this kind may be quoted and multiplied so as to show that the quacks have been mainly responsible for the decline of popular faith in our indigenous medical system, and that in turn, I may repeat without offence, was due to lack of organisation and maintenance of these institutions on scientific lines. The Trustees of the Board and you, Dr. Popat Prabhuram, as your worthy and revered father before you, therefore, deserve all congratulations and credit for having achieved and supplied a great need of the country in the establishment of this institution, which I find has been working so successfully and usefully for the last 33 years.

Another important cause for the decline and fall of the Ayurvedic and Unani systems of medicine may perhaps be discovered in what I may call the jealousy of science and the profession. The Allopathic system, being the European and the modern system, and having received all impetus and support from Government, has fortified itself all over the country and prides itself in declaring the ancient system as "Jungli", crude, quack and a fad. I should have thought that scientific men, I mean men learned in sciences or the medical science particulary, which cannot be claimed to be perfect yet, and is admittedly progressive, would always remain open to conviction, and embrace broad-mindedly all that succeeded more effectively than their own method. I remember an instance of a prominent doctor who was sent for from Bombay to attend a case of pneumonia of a Ruler under whom I was serving in a State. He could arrive two or three days later than we expected him. After examination of the patient, he said : "Your Highness, you have had a very severe attack and I am sorry I could not attend earlier. Fortunately, you have passed through a critical phase. Your constitution and nature have helped you." In that room with me was also present an out-of-the way gentleman in the person of a renowned Hakim Saheb, who had treated the Ruler before the Doctor could arrive. When the

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Doctor and I were by ourselves, he expressed his indignant surprise at my, evidently an enlightened man as he took me to be, allowing a Hakim into the chamber of a Ruler whose life ought to have been considered more valuable than that. Well, I assure you ladies and gentlemen, it was that Hakim who had seen His Highness through his critical phase before the learned Doctor arrived. And he was a physician of great fame and name. I have tried him in many marvellous cases. Where my personal friends and clever medical men had given up the cases of patients who were my relations, he succeeded in curing them. A great Maharaja, whom you and I all know if I name him, had some intestinal trouble and he was advised by the best doctors of India whom he could consult, to proceed to Europe, which meant lakhs for him. He came to know of this Hakim Saheb and placed himself under his treatment. Within some weeks, the Maharaja was cured of his ailment at perhaps one-twentieth of the cost he would have incurred, had he gone to Europe, where possibly he might have been also taken to the operation table. My own wife, a few years ago, was given up as incurable. In fact, the Doctor who was treating her most devotedly, sent his man one morning quietly to enquire whether she was dead, and he was informed that she was alive. I am happy to say she is alive to-day. The same Hakim I have referred to above happened to come in the nick of time. When he was told what the Doctor thought of the case, he modestly said "the Doctor is a great and a scientific man, but don't you worry." I have seen the same Hakim render miraculous help in several cases of paralysis. I think his death four months ago is a great loss, at least to Gujrat. I refer to the great Hakim Babarali Khan, originally of the Baroda State Service.

As to the Vaidyas, the whole of our family was when I was a boy, under the treatment of two family Vaidyas well known to Bombay then and are perhaps yet remembered here, namely, Vaidyas Anant Rao and Raghoba. We knew no doctors; all our troubles were got over by their affectionate and fatherly advice and aid. One of them, I think it is Vaidya Anant Rao, has left an illustrious son in the person of Dr. Purandare, whose success I dare say, is due to the house he comes from

A famous poet, of whom we have all read, and know—I mean Rudyard Kipling, has laid down in a pessimistic mood that :—

"East is East and West is West,
And the twain shall never meet."

I personally have never accepted the truth of that. The East and West have met for centuries, do meet to-day, and will meet over hereafter. It is perhaps no news to you, Ladies and Gentlemen, that of the many things which have reached the West from the East, to make the West what it is, Medical Science was one which History tells us had actually

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gone from India, the East to Arabia, Greece and later on to Europe. It is too late in the day to illustrate that in details. It is a matter of common knowledge and admitted by the European writers and Scientists, that the Medical Science of the West what is now called Allopathy, had its origin and its basic principles from the Ayurvedic and Unani systems. No sane man can deny that Science in the hands of the modern world, which is the Western World has made wonderful strides and magic progress particularly the Medical Science in the hands of the Europeans, and that the Eastern Sciences are at a low ebb But what I resent is the derision shown by Allopathy towards Ayurveda A city like Bombay, with its busy and stereotyped life, being fondled in the lap of modern civilization and life-de-luxe, is apt to forget the past glory of the country of which it is a part and parcel. I may therefore be permitted to divert your attention to a few facts as to how Ayurveda was great in the past and how it has a share in the building up of Allopathy.

It is but natural that our country, abounding in resources which it is not the fortune of many countries in the World to possess, and having large forests which produce a variety of medicinal herbs, should have produced a stalwart class of people called the Vaidyas who made a special study of the remarkable medicinal properties of those herbs. Their knowledge reached an extent in this direction which is acknowledged to have produced a Materia Medica which, it is said, cannot easily be expelled by Allopathy in volume. The Mineral, the vegetable and the animal kingdoms of which the Vaidyas had by the heaps in front of them to specialise in, were examined and their utility for the alleviation of human troubles was established by our ancients. Most of these are now being gradually adopted by European Physicians in various forms. The two great and renowned names of Sushruta the Surgeon and Charaka the Physician no history can forget. They were Vaidyas who have left behind them valuable works on Hindu Medicine which bear testimony to the advance the Ayurvedic Science had made ages ago. It must, however, be admitted in no small degree that the chief mark of distinction between the European and the Indian Sciences of medicine is perhaps Surgery, in which the Modern Science in Europe has made a progress which makes a record in the History of the World. But even there, indications are not wanting to show, in spite of the many odds against the ancient Hindu Vaidyas such as the existence of modern Appliances, the wonderful instruments of Surgery which exist to-day besides the innumerable other conveniences and facilities supplied by Science in many directions, how their methods of surgery were ingenious, bold and skillful. They might perhaps not have been equally successful. But even to-day, the misfortunes in surgery are not infrequent. As an example of the skill in surgery

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of the ancients, one may well quote the remarkable instance of the ingeneous methods of the formation of the artificial nose. I have read somewhere that that art Europe has borrowed from India, perhaps within living memory. In the matter of the study of dieting, knowing minutely and definitely the property of each eatable, their directions in that respect in the treatment of each disease is half the cure, a question to which perhaps the present-day medical men do not attach so much importance as the Vaidyas and the Hakims do. In the matter of diagnosis also, the Indian public is sharply divided that the Vaidyas and the Hakim may give a point or two to the Allopathist. I wonder if the Bombay public in general and the princely donors and benefactors of Hospitals in this city in particular know that the ancient Hindus were the first people to establish Hospitals.

In brief, the Science of Medicine had its origin in India. In the time of the ancient Hindus it made wonderful progress. It travelled far and wide, and left a legacy in the hands of foreign nations, while by some misfortune or other it got lost in India itself, a fact which Lord Ampthil, a former Governor of Madras while opening the King's Institute of Preventive Medicine in Madras, deplored in these words :—

"The Mahomedan conquest brought back to India much of the Medical knowledge which had been lost for centuries."

And referring to the various schemes for the improvement of the health of the people he added :—

"We are not introducing any Modern innovation of European faddists, but merely doing that which was done centuries ago and again centuries before that, but which has long since been forgotten by all except Historian and the Archaeologist."

I have therefore briefly touched upon the birth and progress of Ayurveda in India and its spread outside, and its final decline and the disrepute into which it had fallen for a period while the Science, having had its impetus from us developed into Allopathy and made wonderful progress in Europe comparatively, Ayurveda here remained stationary if not become stagnant and was destroyed in the country of its birth. I have hurriedly alluded the causes of that state of things ; and the main cause which I wish to emphasise here is that it fell into the hands of quacks. That happened because of the want of proper organisation and control. The praises bestowed on the Vaidyas and Hakims are of course, confined to those who are (alas now few and far between) Vaidyas and Hakims in the real sense of the word. For the rest of them—and they are perhaps seen by the hundreds spread all over India—no word of praise can sensibly be uttered. Your College, Dr Popat, therefore has done—is doing yeoman's service in that direction. It is producing Vaidyas with proper license and knowledge to carry on the most delicate and the most difficult work of curing physical suffering of the ailments of

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humanity. No, it does not stop there ; from what I see in the curriculum of the Medical education imparted in your College. you are blending, wherever possible and creating in your students a spirit of research and progress in the Indian Medical Science. You are giving them authority to go out as Medical Practitioners so that the public at large may have confidence in them as certified and tried and tested men, and not as quacks. You are, therefore, taking the most advanced step this evening by asking me to announce the establisment of the University which would enable qualified students from outside the sphere of your local institution to get the sanction which their profession badly needs. I understand that there are only about half a dozen such institutions all over India in different centres like Lahore, Delhi, Madras, Calcutta and perhaps at one or two other places and in Ceylon. Bombay Presidency and particularly its people in areas which are not commanded by big cities like Bombay, owe a debt of gratitude to Dr. Popat's revered father and all his supporters and the Trustees of the Institution who have been unswerving in their efforts for the last thirty years and more in supplying this need of the people. Those who are interested and have faith in the sister system of Unani Science of Medicine have adored the late lamented Hakim Ajmal Khan for the establishment of the great institution at Delhi and I have no doubt that the people of this Presidency would look upon this Institution in course of time as a deed of great benefaction. I may here express the same feeling in the words of the Poet Pope, who speaks volumes in the two lines I wish to quote to you. He says :—

"A wise physician skilled our wounds to heal,
Is more than Armies to the public weal."

You Dr. Popat and your stalwart co-workers in the great cause, therefore, fully deserve the compliment these two lines pay.

Before I close I wish to give a word of advice if I may, to those young men who go out of this College as practitioners into the country. I am not a Medical man, and therefore least fitted to give advice to medical professional men, but I do not do it in the spirit of a dictator. I venture it as one out of the public who knows what our needs are. I would advise the young men who are studying in your College to specialize in the various branches of their profession. The diseases of children and women require special attention and expert handling. And to those who are ready to walk out as accomplished and fullfledged Vaidyas from the College, and also to those who have already passed out, it is my request that they should spread out into the country and carry their Medical aid to the moffusil areas by establishing themselves in village centres. They will find that their medicine will be a boon to the people as being economic and suited to the country and the temperament of the people of India. They will further find that they

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will thereby have reached the thousands and thousands of those of their fellow brethren who have perhaps gone from years to years without any medical aid, except perhaps that of the quack, which has created and spread distrust.

You will pardon me, Ladies and Gentlemen, for having detained you perhaps longer than I thought I would. But, being an enthusiastic supporter of reform in this direction, I have perhaps overstepped my zeal for which I know you will forgive me. I have now the proud privilege of announcing formally the Establishment of Dr. Popat Ayurvedic University.

I thank the Trustees of the College once again for the honour they have conferred on me by calling me to preside over a most useful function this evening.

Mr. Mathuradas Visanji, Chairman of the Board of Trustees, in thanking the President and presenting a Memento to him in connection with the occasion said :—

Mr. President, I take this opportunity on behalf of the Trustees to thank you for all the trouble you have taken in coming down to Bombay from so far as Poona to preside over this function. We all know you are very busy with the affairs of the Council, and to spare so much time for this function is no small obligation on the Institution as well as the successful students and also on this gathering of the sympathizers of Ayurveda. Let me Sir, at this juncture present you as President of this function, with this small Memento, to always keep fresh in your mind to-day's function of the announcement of the establishment of Dr. Popat Ayurvedic University.

The President arising accepted the Memento with thanks. He was then garlanded, and on his leaving the chair the meeting dispersed.

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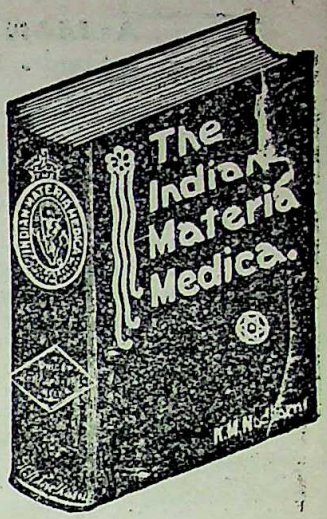

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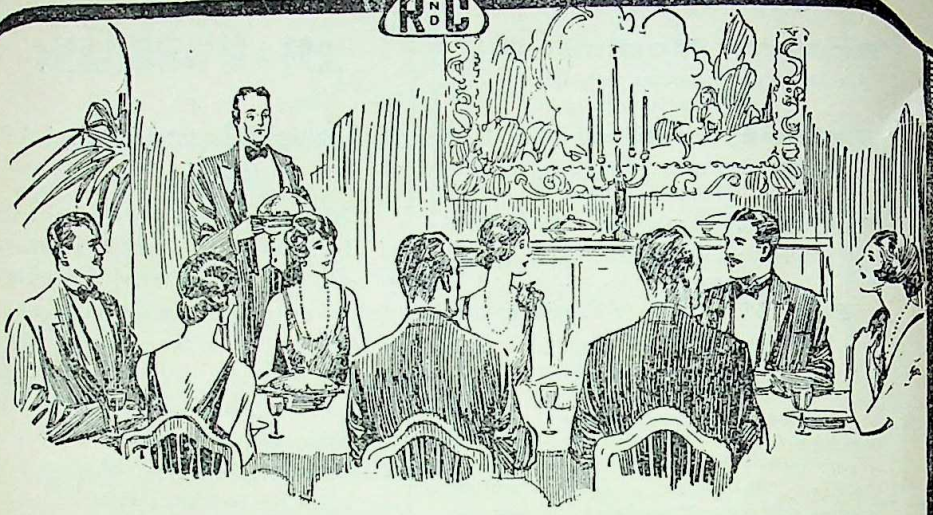

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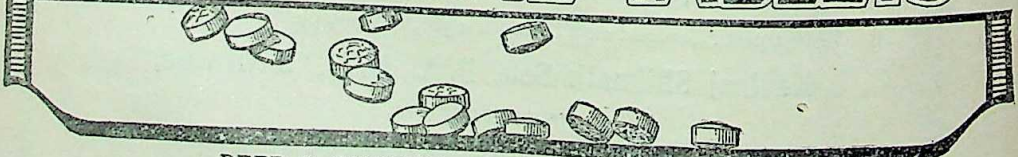

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Incompatible Diet

We have often pointed out to our readers that Ayurveda is a mine of information which can be studied with benefit not only by Ayurvedists, but even by medical men trained in the Western system of Modern Medicine.

Every doctor knows such a thing as incompatible combination of drugs, but few, we dare say, know or ever heard of such a thing as incompatible combination of dietary. This fact is known to the Ayurvedists from time immemorial.

Considering that food gets easily decomposed, if it remains for a long time in the digestive tract specially in the tropics, and the toxins produced by such decomposition of foodstuff is absorbed causing auto-intoxication, the ancient Ayurvedists made a special study of the different foodstuffs and the effects of different combinations of foodstuff, so that there will be easy and complete digestion and free evacuation of the waste products as fæces, at least twice in 24 hours.

This was all the more necessary as Indians in general are accustomed to bulky but less nutritious foods, which, not unoften, if remain longer than 12 hours in the intestines, decompose with production of foul-smelling gas which obstructs the passages and prevents free secretion and excretion and absorption of the toxins produced and upsetting of general health.

A whole chapter in Ayurved is devoted to the study of incompatible combination of food-stuffs. The most familiar example is the taking of milk and meat in combination in the same meal. We need not go into the details, as every one interested can consult any standard Ayurvedic treatise which discusses the subject.

It is interesting to note that it is only very recently that this point has attracted the attention of scientific men, specially in America.

Sadler in his "Science of Living" gives the following rules : "No food singly taken will disagree, but as man is accustomed to take mixed diet, trouble arises by combining food not harmoniously (bad combinations)." The

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question of food combination is generally overlooked but it is as much highly important as balanced dietary.

Good combinations

Fruits and Vegetables
Fruits and Nuts
Grains and Meat
Grains and Nuts
Grains and Milk
Vegetables and Legumens.

Fair combinations

Grains with sweet Fruits and milk
Meat or Egg with Vegetables
Nuts with Vegetables

Bad combinations

Milk and vegetables
Milk and sour fruits
Milk and meat.

Milk should be preferably taken alone.
Good fruits combine well with each other.
Nuts and Legumens can replace meat in the diet.

Vegetables should be preferably taken at noon-time meal, some watery and some dry, so that excessive bulk is kept down, only 2 or 3 kinds during a meal.

There should be two principal meals in 24 hours as Frenchmen generally take.

It may be remarked that bad combinations of food unless taken in considerable excess do not upset the health in a day or two. But if it is persisted for sometime, it slowly undermines the health.

We must therefore not only take the proper quality and quantity of food but we must take proper combination of food as well.

This is all the more necessary for middle class educated Indians of sedentary habits, who are generally dyspeptic in early life and suffer from diabetes, high blood pressure and other diseases of metabolism due to life-long irregularity of diet, often adulterated.

If we can keep the great cesspool of the body clean and healthy, we can avoid a very cosiderable number of diseases, for nothing lowers the vitality or resisting power of the individual so slowly and insidiously but steadily as irregularity of diet.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA.

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKAR,
AMRAOTI.

—:o:—

(*Continued from our April issue*).

We shall now consider their correctness and practical utility.

1. Rasa-Vijnanam.

Before considering this part of the subject before us, we must ascertain the exact meaning of 'Rasa'. Rasa means that property of the substance which is perceived by Rasanendriya or the organ of taste. This is a common definition followed by all the ancient authors. As soon as the substance gets into touch with the tongue, some of its particles are associated with saliva and then special relish is experienced by the tongue. This is the inlet of the body for any substance, and this first entrance gives a general idea of its common properties.

तत्र वक्त्रो रसः स्मृतः। (अष्टः)
रसो निपाते द्रव्याणाम। (चरक)

These and such other quotations give the definition of Rasa. But this definition is not sufficient for the knowledge of Rasa even though it gives some faint idea. The touch of tongue declares the taste of the substance, but what portion of this substance is Rasa? Unless this is fully realised, we will not understand the importance of the substance. Besides, what is the idea of the formation and different kinds of the substance? The six Rasas, sweet, sour, salt, pungent, bitter and astringent are also known as six tastes and the same is true to some extent. But if minutely thought over, a natural query will arise as to what is the nature of the Rasa which we find divided into six kinds? If we go on seeing the classes of substances mentioned under such Rasa, we come to know that some different meaning from the common 'taste' is probable. (1) In the Madhura

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Class, along with jaggery, plantains, grapes etc., there are also mentioned Ghee, Phalsa (Grewia Asiatica), Bhuvidary (Ipomoea Digitata), and Gold, which shows that sweetness has a very wide sense, and naturally we are led to think that some meaning different from common sweetness might be there from the scientific point of view. (2) In the Sour class, along with Tintiri (Tamarind), Amla-Vetas (Acidozo-folia), Amra (mango), Karamarda (Carissa Carandos), etc. there is also mentioned silver. (3) In the Salt Group, along with all salts (Ksharas and Lavanas) there is also given lead. (4) In the Tikta class, along with Kirata, (Swertia chirata), Katuki (Picorrhiza Kurroa), Nimb (Azadirachta Indica) there is also the mention of Kansya (Kurroa), and Louha (Iron). These instances are sufficient to clearly show that even if Rasa may mean the immediate effect of the substance over the tongue, it should also denote the bodily effect inferred from it. रसनाद्रभः shows that Rasa means the store of dissolved particles of the essence of substances, and the same seems to be the point in view. The Rasa of a substance is its essence. A substance is formed of the association of five elements and the speciality and liveliness of the same is its internal essence or Rasa. When the substance is alive (herbs etc. in their state of growth), this Rasa is in its liquid state and is being circulated everywhere. But when dried, this Rasa is also dried, dreared, and then it coincides freely with the solid particles of the substance. The action that is experienced when the substance is associated with the tongue is the perception of this latent Rasa. Whenever some seed is sowed in the ground, it first of all gets moist, then it begins to germinate, which shows that the seed is assimilated with the offspring. In the same way, as soon as a substance comes into contact with the tongue, it becomes moist before it is transformed into the Dhatus in the human body. The Creator has made such a skilful arrangement that as soon as a certain substance is brought into touch with the tongue, its internal juice is sure to be discerned, and as soon as it becomes so, its main property begins to act upon the tongue. And that action helps to infer the after-effects of the substance on the body and the same settles different kinds of Rasas. Thus we come to know that wet or watery essence of the substance is Rasa. In the description of the five elements, water is described as "रसवच्चभावः।" (Water is Rasa in embodiment). The reason is apparent and the same is that the particles of these

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five elements which create substances are dissolved into liquid (dissolved in the form of one whole combination). Substances in the form of creation receive their nutricients in a liquid form, and the same requires no more explanation. द्रव्य or matter is said to be अंबुयोनि *i.e.* "sprung from water which means the same thing, viz. that every substance is produced from its constituents in a liquid state. Every substance comes forth through the juice or watery particles. In Medicine, as also in Sanskrit lexicons, tastes, such as sweet, etc. as also water have been mentioned as "Rasa". Mercury has also Rasa as one of its synonims and the derivation of the word is given as रसनात्सर्वधातूनां रस इत्यविधीयते (सु. स.) *i.e.*, (the thing) wherein all other metals are dissolved, is called Rasa. From this, as also from chyle which is defined as यस्त्वोभूतः सारः स रस इच्युच्यते (सुश्रुत) *i.e.* the essence of various food substances, and from the derivation of the word Rasa as given in Sushruta 'रस गतौ। अहरहर्गच्छतीति रसः।' meaning "Rasa denotes gait, and that which is constantly going on day and night is called Rasa", clearly shows that a mixture in the juicy form of all food substances is Rasa. The रसधातु also gives the similar idea, meaning, containing nutricient particles of all other Dhatus, and it clearly shows that through the same, all the organs of the body receive their nutriment. At the beginning of creation, water alone was in existence in the form of juice, and having sowed in it seeds of all the rest solid creation, the Creator created all the innumerable substances. आप एव ससर्जादौ तासु वीर्यमवासृजत्। This Pauranic quotation about the creation of this Universe has also the same significance. In conclusion, Rasa means the minute particles of the five elements in the liquid form. The tongue discerns the substance and settles its particular class on discernment. After having discerned the Rasa, we can guess what sort of addition it will put in the body or what other action it will do on entering the body, and its classification has been fixed on this reasoning.

Meanings of six Rasas.

The meaning of the Madhura Rasa as understood by laymen is indescribable by words. What is sweet or Madhura? We may have known this by acquaintance and experience. But what is its character? and how and what are its actions and how do they affect the body? Besides, how should we realise that gold, ghee, etc. are sweet when their sweetness is not clearly perceptible, unless we accept their sweetness on the word of the ancient authors? We must know why they have said so, and

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with what point in view they have made the classification. One might go to defend them byt he well-known proverb भिन्नरुचिर्हि लोकः। (Everybody has a different taste). But their definition must be such as will help to infer the properties. What do we understand if we look at the characters of these Rasas as described in the Ayurvedic texts ?

तेषां विद्याद्रसं स्वादुं यो वक्त्रमनुलिंपति।
आस्वाद्यमानो देहस्य ह्लादनोऽक्षमसादनः॥
मिथः पिपीलिकादीनां.....। (अ. हृ अ. १०-९)
तत्र यः परितोष मूलादयति, पक्ष्मादयति, तर्पयति,
जीवयति, सुखावलेपं जनयति, श्लेष्माणं
चाभिवर्धयति स मधुरः॥ १॥ (सु. सू. अ ४२-१४)।

(*i.e.* Madhura Rasa creates stickiness (lepah) ; it gives a pleasant sensation to the whole body ; as soon as it is placed over the tongue, it gladdens all senses ; it is very dear to insects such as ants (Ashtanga Hridayam) ; it pleases, gladdens, gratifies, and increases the quantity of Kapha in the body (Sushruta).

These are the characters of the Madhura Rasa. Now we come to its properties :—

मधुरो रसः—

आजन्मसात्म्यात्कृते धातुनां प्रवलं बलम्।
बालहृद्वचतक्षाणवर्ण केशेंद्रियौजसाम्॥ १॥
मेधस्यो हृद्यः कंठ्यः स्तन्यसंधानकृद्गुरु॥
आयुष्यो जीवनः स्निग्धः पित्तानिल विषापहः॥ २॥ (अ. हृ.)

(*i.e.* Madhura Rasa being habitual from the very birth (through milk) increases strength of the bodily Dhatus ; it is wholesome to children and the old as also the wounded, and the consumptive ; it adds to the natural colour of tbe skin ; increases the growth of hair ; is pleasing to the senses ; adds to vitality of the body, is nutricient ; brings sweetness to the voice, adds to the supply of human milk ; causes union of the fractured bones, is rather heavy to digest, helps to the longevity ; increases enthusiasm ; is greesy, and destroys the defective Vayu and Pitta, as also poison (Ashtanga Hridaya, Chap. 10). Sushruta and Charaka mention the same properties (Sushruta, Sutra Sthana, Chap. 42-21), (Charaka, Sutra Sthana, Chap. 26-46).

These are the characteristic properties and actions of the Madhura Rasa. The important among them are that its flavour is pleasing to the body, gratifying to the senses, and in general

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satisfying to the whole body. Others are secondary. This shows that the relish which is received not only with an uncold welcome but with an enthusiastic clamour, creating at once a sort of pleasure or satisfaction and not a hatred, is called the Madhura Rasa.

Sweetness means to create a sense of unirritation or pleasure, satisfaction, and the continuation and holding out of the same is desired of it. The saliva and the nerves of taste over the tongue being ever ready to perceive the relish of anything that comes in contact with them, the feeling realised by them is sure to be experienced by other bodily cells, and this is realised as soon as the perception is felt by the tongue. And whenever a substance is welcomed in this way by the bodily cells, it must be helpful to the nourishment of the body. Because the cells crave for it and as such accumulate it. Naturally it is stable and, therefore, one can be convinced of its nutricious property. So also unirrtativeness requires a cooling tendency. But coldness alone is irritative. It requires greasiness also. These two properties naturally help the nutriment of the bodily substances which are greesy, cool and steady. The minute liquid particles which are endeared by the organ of taste should also be dear equally to the cells of the body. The human body is पार्थिव or has a larger proportion of earth—one of the five elements—but those parts which possess abundance of this element are acted upon more by such outside particles (Nose or the organ of smelling, is the Gandhasthi (Olfactory) and Gandha or smell and Asthi or bones are of earthen particles). Every substance has earth as its origin and is generated with the help of water घ्राणमधिष्ठायजायते, अंबुयोनि।' (अ. हृ. सू. अ १०). Naturally, the numan body has Earth and water (पृथ्वी and आप्) in more quantity. The association of these two elements is the origin of one of the three controlling substances of the body viz. Kapha or Sleshma and it is said accodingly in the description of Kapha. Madhura Rasa has also these two elements in more quantity. Sushruta has clearly said in his description of the Panchabhautic Rasas (or the Rasas made up of five elements) that तत्र भूम्यंबुगुणबाहुल्यान्मधुरः (*i.e.* Madhura Rasa is generated from the essential qualities (abundance) of Earth and water. Naturally, therefore, this Rasa advances the growth of the organ of smell (Nose), bones which are made up of the Earth, and the Rasa Dhatu and the organ of taste आप्या जिह्वा रसक्लेदाः (अ. हृ.) which are made up of water, and also

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flesh, fat, marrow, semen, etc., which are made up of the mixture of Earth and water.

यै रसा यैर्गुणैः समानगुणा समानगुणभूयिष्ठा वा भवन्ति, ते तानभिवर्धयन्ति। (च. वि. स्था. अ. १०)

The liquids which are equivalent in properties to the human body help to add to them. (हृद्धिः समानैः सर्वेशां अ. हृ च. १.) Sweetness itself means gratifying the body and pleasing its cells and is, at the beginning, perceived by the tongue. Earth and water are in more proportion in the body and, therefore, natural affection for these two is ever possible due to homogenity. The solidity of Earth and the liquidity of water create in their association greesiness, hardness, steadiness, and because of the formar the latter are existent in the Madhura Rasa as also in the human body. The nourishment of the body means the accumulation of steady cells, and earthen cells being steady, Madhura Rasa becomes nutricient. Greasiness itself means accumulation in liquid form. (चूर्णादिपिंडीभावहेतुर्गुणः स्नेहो जलकाम इत्तिः। (त. सं.). This is why there is sticking properties in greasiness. Greasiness is accumulative and dreariness (separation as against affection) is contrary to the same, viz., disaccumulative. The synonim Snigdha or affectionate is used for Mitram or friend in its wide sense. Madhura Rasa is very affectionate and, therefore, it becomes, so to say, a friend of the bodily cells and consequently multiplies them. This will show that the mode of thinking followed by the ancients to ascertain the properties of sweet substances is according to the laws of Panchamahabhutas (*i.e.* five great elements). The nature of the Madhura Rasa can be understood from these laws. It is foreboded by the tongue that some substances are craved for by the body. This natural craving is due to the natural similarity of sweetness to the earthen and watery cells of the body and pleasing sensation is its main sign.

Metabolic processes are constantly going on in the body and their special feature lies in the changes that the bodily cells undergo, every cell is being constantly wasted and repaired in due course of time. In this way, there is, so to say, revolutionery changes going on. This is due to the liquidity (internal secretions). Whenever a cell is being formed, it is first of all liquified and then it takes its proper form. In this liquid, when nutrifying particles from food are liquified, useful and useless

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portions from the same are separated by an analytical process. This shows that this liquification plays an important part in the body. Liquified particles of substances that are non-irritating are associated without irritation with the bodily cells and then the action of production goes on smoothly, If the case is otherwise *i.e.* if they are hot and irritating, and have not got sufficient liquid and if they do not possess any attracting power, then production cannot be smoothly effected. This property can be inferred from a particular substance as soon as it comes into contact with the tongue. This is why Rasajnanam (knowledge of Rassa) is very important. The word sweetness easily denotes this non-irritating quality as also attractiveness and the necessary heaviness and liquidity. Heaviness and liquidity are made up of the two elements Earth and Water respectively and the association of these two produces stikiness or greasiness. In this way, formation of Madhura Rasa has been described with the help of the laws of the Pancha-Maha-Bhutas (i.e. five great elements) and its formation and properties are also described, and when the same is taken into consideration, its propriety is realised.

Just as this quality is pleasing to the body and its originator is known as Madhura, in the same way, its contrary—irritating or despising quality, is called Katu or Pungent. In the description of the Madhura Rusa, it is defined as

आस्वाद्यमानो देहस्य ह्लादनः। (अ. हृ.)

In the same way, Katu has been defined as

उद्वेजयति जिह्वाग्रं कुर्वन्निर्मांसमं कटुः। (अ. हृ.)

(i. e., one which afflicts or frightens i. e., (perhaps) causes the tongue to shrink).

Fire has a burning and Wind an irritating quality, and it is but natural that burning and irritation should cause unpleasingness or trouble. When the tongue has manifested this quality from substances, its burning and irritating qualities in the whole body can easily be inferred and then this substance being unpleasing to the body cells, cannot effect a productive action, nay it will effect destruction. This can easily be understood. But this pungent Rasa which is unpleasing in healthy condition of the body, can be used as a specific remedy in unhealthy condition when it is required that the bodily cells should be irritated and made free of the unhealthy dirty particles that are stuck to them. But if it is used in excess, it causes irritation to the healthy tissues which fact should be noted.

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THE PULSE IN PROGNOSIS

ACCORDING TO AYURVEDIC MEDICINE

BY

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(Continued from our last issue)

सपादाङ्गुलतोनाडी वक्रगा यदि तिष्ठति ।

प्रहरैः पञ्चभिस्तस्य मरणं निर्दिशेद्बुधः ॥ II. 4.

If the pulse is displaced to the width of one finger and a quarter from the wrist and is curved, the patient will die in 15 hours.

सार्द्धाङ्गुलगता नाडी वक्रगा यदि तिष्ठति ।

प्रहरैः पञ्चभिस्तस्य मरणं निर्दिशेद् बुधः ॥ II 4.

If the pulse is displaced to the breadth of one finger and a half from the wrist and if it is crooked, the patient will die in 15 hours.

(j) Pulse condition indicating death in eighteen hours.

पादाङ्गुलगता नाडी न वा तिष्ठति निश्चला ।

षड्भिस्तु प्रहरैस्तस्य ज्ञेयो मृत्युर्विचक्षणैः ॥

II. 4 ; II. 8 ; II. 36 ; II. 37 ; II. 42.

If the pulse is displaced to a quarter of a finger's breadth and remains imperceptible, it means death in eighteen hours.

मध्यरेखासमा नाडी यदि तिष्ठति निश्चला ।

षड्भिश्च प्रहरैस्तस्य मृत्युर्ज्ञेयो विचक्षणैः ॥ II. 41.

If the pulse becomes imperceptible up to the middle examining finger, the patient will die in 18 hours.

(k) Pulse condition indicating death in 21 hours.

अङ्गुल्यभ्यन्तरे नाडी वक्रता यदि तिष्ठति ।

मरणं तस्य जानीयात् सप्तभिः प्रहरैर्बुधः ॥

II. 4 ; II. 8 ; II. 34 ; II. 36 ; II 42.

If the pulse beats crookedly beyond the first examining finger (or beyond one fingers' breadth), the patient will die in 21 hours.

(l) Pulse conditions indicating death in 24 hours (one day).

अङ्गुलाभ्यन्तरे नाडी मन्दस्पन्दा सदा यदि ।

अष्टभिर्प्रहरै र्मृत्यु र्निर्दिष्टो मुनिपुङ्गवैः ॥ II. 4 ; II. 34.

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If the pulse beats slowly on the inner side of the space of one finger's breadth from the wrist, the patient will die in 24 hours.

या नाडीवहते नित्यं अमकृद्दिनतुर्य्यके ।
मरणं तु नरस्यैव भवेदेकदिनेनतु ॥

II. 1 ; II 26 ; II. 27 ; II. 34.

If the pulse beats rapidly for four days the patient will die in 24 hours

यदा नाडी हतावेगा स्पन्दते नैवलभ्यते ।
तदादिनस्यमध्येतु मरणं रोगिनो भवेत् ॥ II. 20.

If the soft (or slow) pulse is felt at one time and not at another, the patient will die in one day.

निरन्तरं मुखस्थाने भ्राम्येद् डमरुकोपमा ।
चला नाडी व्याधितस्य दिनैकान्मरणं भवेत् ॥ II. 20.

If the pulse at the wrist beats like an hourglass drum (that is, the pulse becomes thready and running), the patient will die in one day.

गतिम् भ्रमरकस्येव वहेदेक दिनेनतु ॥ II. 4 ; II. 38.

If the pulse beats like the progression of a harnet (that is, the pulse becomes very small and thready), the patient will live for one day.

कष्टाङ्गे जलुकी नाडी दिनान्ते मृत्य र्जायते ।

The pulse beating like the progression of a leech in a patient with bodily pain, indicates death in one day. It probably represents a high-tension pulse with failure of heart.

स्थित्वा स्थित्वा वहति या मुहुरपि विच्युता स्थानतोवा ।
यातिक्षीणातिशीता हरति शिवप्राणमह्नाय नाडी ॥ II. 8.

If the pulse is very slow and is sometimes displaced from its position and if it is very small and soft, it indicates death in one day.

(*m*) Pulse indicating death on the second day.

अङ्गुष्ठमूलतो नाडी स्यात् सर्वगामिनी यदि ।
तत्रापि मध्यमाङ्गुल्यां यावद् वारं स्पृशेत्ततः ॥
स्पृष्ट्वा निवर्त्तत किञ्चित्क्षणं सूक्ष्मं ततं पुनः ।
पूर्व्ववत् स्पन्दमानैव स्पृष्ट्वा च तावदेव च ॥
निवर्त्तते त्ववमेव समसंखक वारतः ।
[illegible] ॥

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तव मध्यमाङ्गुलेस्तु पूर्वभागे स्पृशन्नथ ।
निवर्त्तते तदा वायुकाले मृत्युस्ततो भवेत् ॥
मध्यभागं स्पृशन्ती च यदि सातु निवर्त्तते ।
ततस्तावद्दिनादूर्द्धं पित्तकाले मृतिर्भवेत् ॥
शेषभागे स्पृशन्ती च निस्पन्दा स्यात् क्षणं तदा ।
तावद्दिनादवहिः श्लेष्मकाले मृत्युर्भवेदिति ॥

If the pulse becomes irregular at the base of the thumb, is felt up to the place of the middle examining finger, then becomes very small for a little while and then beats, as before, the same number of times, the patient lives for the day and night and dies on the next day. If the pulse strikes the middle finger in the first third portion of its middle, the patient lives till evening. If the pulse strikes the middle portion of the middle finger, the patient dies in the noon. If the pulse strikes the last portion of the same finger, the patient dies in the morning.

स्थिरा नाडी भवेत् यस्य विद्युद्द्योतिरिवेक्ष्यते ।
दिनैकं जीवितं तस्य द्वितीये मृत्युरेवच ॥ II. 4 ; II. 41.

If the extremely slow pulse appears like the flashes of lightening, the patient will live for one day and will die on the second day.

स्थित्वा नाडी मुखे (क्षणे) यस्य विद्युज्ज्योतिरिवेक्ष्यते ।
दिनैकं जीवितं तस्य द्वितीये म्रियते ध्रुवं ॥
II. 1 ; II. 4 ; II. 17 ; II. 26 ; II. 29 ; II. 34 ;
II. 36 ; II. 38.

If the pulse remaining at the wrist strikes the examining finger like a flash of lightening, the patient will live for one day and will die next day The condition, thus compared, no doubt, refers to a pulse of very low volume, which strikes the fingers and quickly recedes from them. Thus we find in Dacosta (Physical Diagnosis) : Emptiness or collapse of the artery between beats is dependent upon grave cardiac enfeeblement or inadequate ventricular filling in mitral leakage or, an unsustained arterial blood column due to aortic insufficiency.

शीघ्रा नाडी प्रलापान्ते दिनार्द्धेऽग्निसमो ज्वरः ।
दिनैकं जीवितं तस्य द्वितीये मरणं ध्रुवं ॥ II. 20.

If the rapid pulse at the end of delirium is attended with very high fever, the patient will live for a single day and will die on the second.

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(*n*) Pulse conditions indicating death in 27 hours.

अङ्गुलाभ्यन्तरे नाडी शीतला यदि तिष्ठति ।
प्रहरै र्नवभिस्तस्य मरणं निश्चितं भवेत् ॥
II. 4 ; II. 8 ; II. 34 ; II. 36.

If the pulse remains very soft (nearly imperceptible) beyond one finger's breadth from the wrist, the man will die in the course of 27 hours.

(*o*) Pulse condition indicating death in 30 hours.

पादोनाङ्गुलिचेत् नाडी तिष्ठति यातु चञ्चला ।
प्रहरैर्दशभि र्ज्ञेया मृत्युस्तस्य न संशय: ॥ II. 4 ; II. 37 ;

If the pulse beats rapidly beyond less than one-fourth of a finger's breadth from the wrist, the patient will die in 30 hours.

(*p*) Pulse-conditions indicatiing death in 33 hours.

पादोनाङ्गुलमध्ये चेत् नाडी सीघ्रा च जायते ।
प्रहरै रेकादश संख्यै र्मृत्युस्तस्य विनिर्दिशेत् ॥
II. 4 ; II. 8 ; II. 34 ; II. 36 ;

If the pulse remains jerky (hence of much small volume) within less than one-fourth the finger's breadth from the wrist, the man will die in 33 hours.

पादोनाङ्गुलमध्ये चेन्नाडी शीता च जायते ।
प्रहरै रुद्रसंख्यै र्मृत्युस्तस्य विनिर्दिशेत् ॥ II. 4 ; II. 8.

If the pulse remains very soft within less than one-fourth the finger's breadth from the wrist, the man will die in 33 hours.

(*q*) Pulse conditions indicating death in 36 hours.

पादोनाङ्गुलमध्ये चेन्नाडी शीतवक्री भवेत् ।
प्रहरै र्द्वादशभि र्मृत्यु स्तस्य विनिर्दिशेत् ॥ II. 8 ; II. 36.

If the pulse remains soft and curved (that is, of very low ascent) within less than one-fourth (that is, $\frac{3}{4}$th) the finger's breadth from the wrist, the patient dies in 36 hours.

कन्दे न स्पन्दते नित्यं पुनर्लगति चाङ्गुलौ ।
मध्ये द्वादशयामानां मृत्युर्भवति निश्चितं ॥ II. 4 ; II. 36 ; II. 38.

If the pulse often remains imperceptible in the wrist and then strikes the fingers, the patient will die in 36 hours.

चरणाङ्गुलमध्ये च नाडी शीतवती भवेत् ।
द्वादशप्रहरैस्तस्य ज्ञेयो मृत्यु र्विचक्षणै: ॥ II. 4.

If the pulse remains very soft within quarter of a finger's breadth from the wrist, the patient will die in 36 hours.

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शीघ्रा नाडी मलीपेता दिनान्तेऽग्निसमोज्वरः ।
मध्ये द्वादशयामानां मृत्युस्तस्य विनिर्दिशेत् ॥
II. 1 ; II. 17 ; II. 26 ; II 37.

If the pulse becomes very quick, with the beats indistinct from one another and if it is accompanied by high fever at the *end* of the day, the patient will die in 36 hours.

पादोनाङ्गुलमध्ये चेन्नाडी शीतवक्री भवेत् ।
प्रहरैर्द्वादशभिर्मृत्यु र्भवत्येव न संशयः ॥ II. 8 ;

If the pulse remains very soft and crooked within three-fourth of the finger's breadth from the wrist, the death will occur in 36 hours.

पादोनाङ्गुलमध्ये चेन्नाडी क्षीणा च जायते ।
तदा द्वादशभिर्याने ज्ञेया मृत्यु र्विचक्षणैः ॥ II. 4.

If the pulse remains within $\frac{3}{4}$th the finger's breadth from the wrist, the death will occur in 36 hours.

मध्ये द्वादशयामानां मृत्युर्भवति निश्चितं ।
निरिक्ष्याद्दक्षिणेपादे नाडी विज्ञैरदर्शनात् ।
II. 1 ; II. 34 and II. 26 ; ([1]नाडीतस्याविशेषतः) ॥

If the pulse of Pitta character be not found in the right leg (ankle), then death will occur in 36 hours.

(*r*) Pulse condition indicating death in 39 hours.

अर्द्धाङ्गुलगता नाडी शीतला यदि तिष्ठति ।
विंशप्रहरैस्तस्य मरणं जायते ध्रुवम् ॥ II. 4 ; II. 8. II. 36.

If the pulse is very soft and is felt at half the breadth of a finger from the wrist, the patient will die in 39 hours.

(*s*) Pulse conditions indicating death in 42 hours.

अर्द्धाङ्गुलगता नाडी सूक्ष्मा वेगवती भवेत् ।
प्रहरैश्चतुर्दशैश्च मृत्युस्तस्य न संशयः ॥ II. 4 ; II. 8 ; II. 36.

If the pulse is displaced to half the width of a finger from the wrist and if it is jerkey and rapid, the patient will die in 42 hours. The pulse characteristics as referred to here correspond to *pulsus celer* of Modern Medicine [Da Costa's Physical Diagnosis, p. 328].

(*t*) Pulse conditions indicating death in 45 hours.

अर्द्धाङ्गुलगता नाडी चञ्चला यदि तिष्ठति ।
यामैर्पञ्चदशैर्मृत्यु र्भवत्येव न संशयः ॥ II. 4 ; II. 8 ; II. 36.

If the pulse is displaced to half the bereadth of a finger from the wrist and if it is very rapid, the patient will die in 45 hours.

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पादाङ्गुलगता नाडी चञ्चला यदि तिष्ठति ।
मरणं पञ्चदशभिः प्रहरैस्तस्य निश्चितं ॥

If the pulse is displaced to a quarter of a finger's breadth from the wrist and if it beats very rapidly, the patient will die in 45 hours.

सार्द्धाङ्गुलगता नाडी चञ्चला यदि तिष्ठति ।
प्रहरैस्त्रिभिसंख्यैश्च मरणं निर्दिशेद्बुधः ॥

If the pulse beats frequently at one and half a fingers' breadth from the wrist it means death in 45 hours

(*n*) Pulse conditions indicating death in forty-eight hours.

पादाङ्गुलगता नाडी सहजा यदि तिष्ठति ।
षोडशैःप्रहरैस्तस्य पञ्चत्वं निर्दिशेद्बुधः ॥ II. 4 ; II. 8 ; II. 42.

If the pulse is simple (that is, of normal rate—not frequent) and is displaced to a quarter of a finger's breadth from the wrist, the patient will die in 48 hours.

शीघ्रानाडी मलोपेता दिनार्द्धे (मध्याह्ने)ऽग्निसमोज्वरः ।
द्वितीये दिवसे मृत्युः नाड़ी निस्पन्द दर्शनात् ॥
II. 1. II. 34 ; II. 36 ; II. 30.

If the quick and low pulse be accompanied by high fever in the middle of the day, and then it becomes inperceptible, the death occurs on the second day.

शीघ्रा नाड़ी मलो पेता शीतला वाथ दृश्यते ।
द्वितीये दिवसे मृत्यु र्विज्ञानीया भिषग्वरैः ॥ II. 41.

If the quick pulse be either low (nearly imperceptible) or very soft, the patient will die on the second day.

मुखेचुटत्यकस्माच्च न किञ्चिद् दृश्यते यदा ।
तदादित्याद् रुग्राणां द्वितीये मरणं ध्रुवम् ॥ II. 20.

If the pulse is very show at the wrist and is sometimes not felt at all, the patient will die on the second day.

पूर्व्वंपित्तगतिं प्रभञ्जन गतिं श्लेष्मासमाविशती स्वस्थाने भ्रमणं मुहुर्विथती च वह्नितुल्यज्वर यतमनु व्यस्थातिकीमलोपेते जाते च नाडी यदि भवति तदास्यात द्वितीयेऽह्निमृत्युः॥ II. 8.

If the pulse shows the characteristics of *Pitta*, *Vayu* and *Kapha* successively, remains in its place, sometimes leaves it, is attended with high fever and then becomes very quick and soft, it indicates death on the second day. The first condition set forth in the text evidently indicates an irregular pulse attending a myocardiac failure (auricular fibrillation).

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(*v*) Pulse conditions indicating death in three days.

पादाङ्गुलगतानाडी चञ्चला यदि तिष्ठति ।

तिभिस्तुदिवसैस्तस्य मृत्युरेवन संशय: ॥ II. 4 ; II. 8.

See (*t*)

त्रिदोषेर गति चले हीनवती हइया ।

तिन दिन अन्ते मृत्यु निश्चय जानिवा ॥ II. 9.

If the pulse shows the characteristics of triple derangement and at the same time it becomes very soft, it indicates death in three days.

सुखे नाडी यदा नास्ति मध्ये शैत्यं यदि: क्रम: ।

तन्तुसम [1]वहिन्नाडी तिरावं स न जीवति ॥

II. 41 ; II 29. ([1]यदामन्दा)

If the pules is inperceptible at the wrist (beneath the first examining finger), is soft in the middle (beneath the middle examinig finger), and is very feeble on the other side (beneath the last examining finger) and if the pulse is thready, the patient will not even live for 3 nights.

स्वस्थस्थतलगा पूर्व्वं नाडी स्यादप्रपञ्चनात् ।

मूर्यं प्रपञ्चनात् सूक्ष्मा विदिनैर्म्रियते नर: ॥ II 20.

If the pulse which was originally slow in the natural position becomes fine (thready) and very quick, it indicates death in three days.

हिमवच्छीतला नाडी ज्वरदाहेन तापिता ।

त्रिदोषस्पर्शजडतां तदा मृत्यु र्दिनत्रयात् ।

II. 4 ; II. 36 ; II. 41 ; II. 38.

If the pulse is very soft (nearly imperceptible), is attended with high fever, has the individual beats indistinct due to triple derangement, it indicates death in three days.

पादाङ्गुलगता नाडी चञ्चला वक्रगा यदि ।

तस्यत्रिभिर्दिवसैर्मृत्यु भविष्यति न संशय: ॥ II. 4 ; II. 42.

If the pulse is displaced to a quarter of a finger's breadth from the wrist and if it becomes quick and curved, it indicates death in three days.

निरीक्ष्य दक्षिणे पादे एषा नाडी विशेषत: ।

सुखे नाडी हरेन्नित्यं तनुस्तु दिवसत्रयात् ॥ II. 36.

If the pulse is not felt in the right leg but is uniformly beating in the wrist, it indicates death in three days.

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जहाति यस्यस्वस्थानं यवार्द्धमपि नाडिका ।
स न जीवितमाप्नोति त्रिरात्राभ्यन्तरे नृतः ॥ II. 4 ; II. 38.

If the pulse leaves its site by half the length of a barley grain, the patient will die in three days.

(*w*) Pulse conditions indicating death in four days.

पादाङ्गुलगता नाडी सोष्मा वेगवती भवेत् ।
चतुर्भिर्दिवसै[1] र्मृत्यु र्विजानीयाद् भिषग्वरैः ॥

II. 8 ; II. 42. ([1]पञ्चभिर्दिवसैः)

If the pulse is displaced to a quarter of a finger's breadth from the wrist and if it becomes jerkey and quick, it indicates death in four (five) days.

ज्वरोवह्निसमोऽत्यर्थं भवेत् पूर्वदिने यदि ।
निरन्तरं यदा नाडी लवेनैकेन संचरेत् ।
सुखस्थाने रोगिनश्च चतुर्थे मरणं दिने ॥

If there was high fever on the last day and if the pulse beats continuously like the progression of a quail at the wrist of the patient, he will die in four days.

निरीक्ष्य दक्षिणे पादे तथा हस्ते विशेषतः ।
सुखे नाडी वहेन्नित्यं ततस्तु दिन तूर्यकं ॥

II. 4 ; II. 36 ; II. 38.

If the pulse is not felt in right leg (ankle) and in the hand, but it beats continuously at the wrist, the patient will live for four days.

पित्तरूपं सर्पाकारं कफश्च कुण्डलाकृति ।
वायुर्वक्रगतिश्चैव यस्य शुद्धगति र्भवेत् ।
चतुर्भिः दिवसैस्तस्य मृत्युरेव न संशयः ॥ II. 36.

If the *Pitta* becomes snake like, the *Kapha* becomes coil-like, the *Vayu* becomes crooked and if the beats are distinct at night, the death will occur in four days. The passage seems to indicate that the pulse does not show the normal daily variations according to *Vayu*, *Pitta* and *Kapha* functions and has the same character throughout.

अरुन्धती ध्रुवश्चैव विष्णो: त्रीणि पथानिच ।
आयुर्हानि न पश्यन्ति चतुर्थं सात्र जीवितं ॥ II. 37.

If the patient connot see *Arundhati* and Polar star and the three paths of Vishnu, he will die in four days.

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(*x*) Pulse conditions indicating death in five days.

पादाङ्गुलगता नाडी मन्दस्पन्दा यदा भवेत् ।
पञ्चभिर्दिवसैर्मृत्यु विजानीयात् भिषग्वरैः ॥ II. 26.

If the pulse beats very slowly after having been displaced to a quarter of a finger's breadth from the wrist, it indicates death in five days.

जङ्घातियस्यखस्थानं यवार्द्धमपि नाडिका ।
न स जीवितमाप्नोति पञ्चाहाभ्यन्तरे मृति ॥ II. 38.

See under (*u*),

तिर्य्यग्यवप्रमाणन यो सुञ्चति निजास्पदं ।
पञ्चाहाद्भाविनं मृत्यु पादे नाडी विनिर्दिशेत् ॥ II. 38.

If the pulse in the leg is displaced for half the width of a barley grain from the wrist, the patient lives for five days.

(*y*) Pulse conditions indicating death in seven days.

क्षणे वेगवती नाड़ी क्षणे स्थिर हय ।
सप्तदिन मध्ये मृत्यु जानिबा निश्चय ॥

If the pulse becomes frequent at one moment and infrequent at another, it indicates death in seven days.

सुखे नाडी वहेत्तीव्रा कदाचिच्छीतला वहेत् ।
आयाति पिच्छिलः स्वेदः सप्तरात्रं न जीवति ॥ II. 20 ; II. 29.

If the pulse beats forcibly at the wrist at one time, becomes very soft (nearly imperceptible) at another and if it is attended with clammy sweat, the patient will not live for seven nights.

अनिमिष्टे नाभिस्पन्दे सप्ताहे मरणं भवेत् । II. 36.

In incessant rhythmic movement of the navel, death occurs in a week

खणादुगच्छति वेगेन खणादु गच्छति शान्तताम् ।
सप्ताहात् मरणं तस्य यत्यङ्गं शोथ वर्जितम् ॥

II. 4 ; II. 36 ; II. 38.

If the pulse is frequent at one moment and infrequent at another and if there is no dropsy, the patient dies in seven days. The condition set forth namely "if there is no dropsy" probably refers to the fact that the exact pulse conditions cannot be determined by the presence of dropsy. The presence of fluid in the chest (including pericardium) may give rise to variations in the pulse rate due to respiration. Thus, in *pulsus paradoxus*, the pulse is weaker and slower during inspiration.

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उर्द्धहस्तं विद्युदिव सप्ताहैर्म्रियते नरः ।' II. 20.

If the pulse in the raised hand resembles a flash of lightning, the patient dies in seven days. (The pulse suddenly appears and disappears).

करमूले नाड्याभावे पक्षमेकं न जीवति । II. 46.

If the pulse is not at the root of the hand, the patient lives for two weeks only.

(*y*1) Bodily conditions indicating death in eight days.

ज्वरिखेदोभवेद्यस्य मुखे वा यस्य रेचयेत् ।
अष्टमे दिवसे चैव स च कालो विलोकितः ॥ II. 37.

If there is perspiration in fever and breathing by the mouth, the patient will die in eight days.

(*y*2) Bodily conditions indicating death in ten days.

जिह्वा क्रखे चचुःकम्पे मृत्युरदशदिनात्परं । II. 36.

If there is no movement of the tongue and there is trembling of the eyes, the death will occur in 10 days.

(*z*) Pulse conditions indicating death in fifteen days.

देहे शैत्यं मुखे श्वासो नाडी तीव्राऽतिदाहवत् ।
मासार्द्धं जीवितं तस्य नाडी विज्ञानभाषणं ॥ II. 20 ; II. 30.

If the body is cold,, the respiration is hurried (mouth breathing) and the pulse is very frequent, the patient lives for half a month.

सम्पूर्णं नदने धैर्य्यः सोमश्चैव नदृश्यते ।
पक्षेन जायते मृत्युः कालज्ञानिना भाषितं । II. 37.

If there is complete dullness (no response) to sound and the moon cannot be seen, the patient dies in a fortnight.

(*z*1) Pulse and bodily conditions indicating death in three weeks.

आदौ च शीतं पुनरथसुष्णं मुखेऽ किञ्चिच्छवगन्ध यस्य ।
मुहुर्मुहु र्यस्य मुखे न शोभक्षत जीवेत सर्व विदिनानि सप्त ॥ II. 37.

If the body is cold at first, then becomes hot and is covered with much perspiration, if there is a cadaverous smell and if there is bad smell in the mouth, the patient lives for 21 days.

(*z*2) Pulse conditions indicating death in one month.

भुलता भुजगाकारा नाडी देहस्य संक्रमात् ।
विशीर्णा क्षीणतां याति मासान्ते मरणं भवेत् ।' II. 4 ; II. 36 ; II. 38.

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If the pulse beats like the progression of an earth-worm and again like that of a snake, if it is slender and fine (that is, thready), the patient dies at the end of a month.

(*z*3) Pulse conditions indicating death in five weeks.

मन्द मन्द कुटिल कुटिल स्पन्दते यस्य नाडी।
तस्यावश्यं भवति मरणं पञ्चसप्ताहतो वा॥ II. 4; II. 36;

If the pulse is infrequent and crooked (curved), the patient will die in five weeks.

(*z*4) Pulse conditions indicating death in six weeks.

भ्रुवोर्मध्ये नास्तिचेन्नाडी मासमासार्द्धं जीवनम्।
सूक्ष्मनाडी कण्ठमूले मास मासार्द्धं जीवनम्॥ II. 46.

If there is no pulse between the brows and a fine pulse at the root of the neck, the patient will live for 6 weeks.

(*z*5) Pulse conditions indicating death in three months.

हृदि नाडी नचेन्मासत्रयं जीवनमादिशेत्।
नाडी सूक्ष्मा कक्षमूले आयुर्मासत्रयं वदेत्॥ II. 46.

If there is no pulsation in the cardiac region or the pulse is fine in the armpit, the life is for three months.

In several old treatises, most of which are now lost and are only known by passages quoted from them by later authors, we find the pulse conditions mentioned in connection with longevity.

वामनाडी स्वल्परेखा हस्तमूले च स्पन्दते।
पञ्चवर्षाधिकं तस्य जीवितं नात्र संशयः॥ II. 4; II. 36;

If the pulse at the root of the left hand (at the bend of the elbow) is felt as a short slender cord, the man will live for more than five years.

वामनाडी दीर्घरेखा कक्षमूले च नृत्यति।
पञ्चाशतोधिकं जीवेत् धनिको धार्मिको भवेत्॥ II. 4; II. 36.

If the artery in the left axilla is felt as a long slender cord, the man will live for more than fifty years. Here we are dealing with a healthy artery without atheromatous condition.

Several other passages which give rise to different readings in different treatises and which have little practical value are omitted here.

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REPORTS OF CASES.

AN ASTHMA CASE TREATED ACCORDING TO AYURVEDA.

BY

R. E. Wms. JEHORATNAM, L. A. M., M. C. P. S. (CAL.)

Colombo, Ceylon.

—:o:—

Age 61.

Sex Male.

Previous History—Was in good heatlh till the recent sickness began on the 15th Oct. 29. Family quite good, no such complaints as given below, was physicaly strong for his age, served in Malarial districts for some time.

15th. Oct. 29 ; had an attack of malaria, was treated by an allopath, who as usual injected quinine, temperature came down, and was sub-normal. The patient was very weak with profuse sweating, difficulty of breathing, eyes upturned, was semi-conscious. The Dr. was sent for again, drove in injections to relieve difficulty of breathing, patient felt better, but was still sub-normal with difficulty of breathing, cough, and other difficulties in throwing out the phlegm.

I was sent for, the above symptoms were present and caused much anxiety. The best I thought at that time was to cast the sheet anchor, and administered :—

Makaradhwaja gr. 1
Musk gr. 1 } with the juice of Kantakari.

sig. every half-an-hour till the temp. rose to 100⅘ F. The patient felt much relieved, and the treatment was continued with,

Vasa Arishta oz½, T. D. S.

The lungs cleared and the patient was able to take some solid food and soon regained strength, and was advised to continue the treatment for some time, which he did not care to do.

Feb. 13th, 30. He fell ill again, cause unknown, no particulars, except for the change of season which was dewy and rainy. It being a damp weather, the case turned into a pure case of Bronchial Asthma with irritation of the throat. On examination, I found enlarged Tonsils (both)

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The patient is progressing well with Kapha-Hara Quath and Shwasari Lauha. I place this case before my other brother physicians who would suggest the best cure for different varities of Asthma which are so common in Ceylon, and from which many suffer during certain season of the year.

[Asthma in any form has a very doubtful prognosis and can be hardly cured radically. Best course is to suppress it. The disease will be dealt with elaborately in a subsequent issue.—*Editor, J. A.*]

Health and Hygiene

FISHING FOR BETTER BABIES

Codfish is Sun's Only Rival

This may sound like a rather far fetched statement but scientists have shown it to be the truth.

Travel the word over and marvel at the physique of semi-or entirely nude "savages". Watch the natives of the Malabar coast of India handling heavy bags of rice, and admire their long tireless muscles rippling under dark skins that have never known covering to the sun.

Go south to the Marquesas, Sandwhich Islands, or any Polynesian Island, and stand in awed wonder at perfect specimens of bronze statuary come to life, as the islanders bend their supple backs and superb muscles to their paddles.

Straight, lithe and tireless as they are, their diet is light compared with that of civilized men. But what they lack in heavy food they make up in health-giving sunlight.

We, civilized men, uncover a few inches of skin to the sun, and the rest of our bodies we cover. You may say that the cold climate forces us to do that. But here is where the humble cod comes into his own.

Nature seems to have played a peculiar trick on us in that she has kept on abundant supply of the health-giving Vitamin D out of our food in almost every instance except in the codfish. But perhaps the capricious lady thought that in sunlight she had amply provided for our needs.

It is not clearly known how the cod of all living creatures has managed to store in itself such a quantity of Vitamin D. Many theories are advanced. One theory is that the ultra-violet rays of the sun penetrate below the ocean surface and irradiate the cod. This would lead one to believe that the cod's skin is as sensitive to the suns' rays as man's. But who ever saw a fish with sunburn.

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The most likely theory, however, is that the cod eats sunlight. A study of his habits has strengthened this theory. Observers have watched the early spring surge of countless thousands of cod into shoal water to spawn.

At this time the cod develops a voracious appetite, and nature's offering to this hunger lends color to the theory that the cod eats her sunshine. Great shoals of herring and other small fish come up the coast just as the cod is hungriest. These smaller fish have fed on still smaller fish which in turn have been feeding on shallow water marine plants and other organisms.

Day after day, week after week, the sun has been pouring its rays on these plants and organisms till they have become little more than storage batteries for ultra-violet rays. So these marine organisms are considered to be the substitude of sun's rays and the cod ultimately becomes a substitute for sun light as regards food value.

PROFESSOR'S STARTLING CONCLUSION

Physical exercise A Fallacy

(By Dr. Edward Ormerod)

For years we have been victims of a propaganda regarding the value of morning exercises, a commercial exploitation of our desire to keep fit !

The alleged advantages to be derived from a morning routine of brisk setting-up exercises and a cold plunge have been actually nothing but popular notion, silly, superstitious and artificial. Morning calisthenics, as a matter of fact, are of benefit only to "physical illiterates," if you know what that means.

At least all this is said to be the conclusion of Dr. Jesse F. Williams, professor of physical education at Teachers' College, New York.

ALL "HOKUM"

The humble setting-up exercises upon which many thousands of us depend for our only form of muscular recreation are all "hokum" if we are to believe the dictum of this professor. According to this eminent authority, those of us who in some quarter or other picked up a series of simple and invigorating calisthenics are wasting our time, and will never amount to anything physically, if we persist in standing before the open window, touching our fingers to the floor without bending our knees, and doing all that silly exercise stuff.

And as one editor says : "People sometimes wonder why so many sensible citizens smile patronizingly when they read the ebullitions of some college professors !"

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BELIEF IN THE BOTTLE.

This is not a bad means—though not entirely original—for the good professor to attain a measure of fame of notoriety....There have always been those who have held to the ancient belief that good health comes in bottles and is absorbed a spoonful at a time, before or after meals. There are the people who insist that the ordinary muscular exercise incidental to daily living is all that is required for the purposes of muscular good health.

That men with muscular systems designed for hewing down giant trees find themselves, through force of circumstances, flourishing sticks no bigger than mere lead pencils or pen-handles for hours a day, means nothing to such people. The day's exercise as it comes in the day's living must be sufficient....Such physical action as might keep a dicky-bird healthy is expected to keep in good condition the muscular frame of a potential prize-figther.

PEOPLE DONOT WANT TO SEE !

Neither do these people see that the distended abdomens and humped backs and flabby arms and short winds and constipated bowels that follow upon the "day's-work-sufficient-exercise" plan constitute the most utter condemnation of that system. People sometimes don't want to see !

True, our professor is said to admit the desirability of other sorts of exercise.....He favours, it appears, such high-brow stuff as horseback riding ; golf ; tennis ; hand ball ; long walks and "other such easily carried out types of exericise." Save the mark !

HIS LITTLE FLING

It would be quite all right for this professor to have his little fling at what he considers merely a popular notion, were it not that such professorial nonsense is upsetting to many people who read sporadically and think little as to what they do read, leaving the writer to do their thinking (?) for them.

Indeed, reading account of Dr. Williams' remaks one searches the report for subtleties of meaning or ambiguities of language that might ease the shock of the attack he puts afoot. Apparently, as the "Christian Science Monitor" says, in commenting on the matter : "Dr. Williams has a definite opinion to express, and he expresses it without beating about the bush." Finally, the Doctor adds that what we need is to start the day leisurely and have some poise about what we do and the C. S. M. comments : "There is the ring of truly sensible advice in that last statement." Of course the C. S. M. 'would' !

A LOT OF SILLY STUFF

We admit, of course, that there has been a lot of silly stuff about physical exercise, all said and done. One difficulty lies as regards

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general prescriptions such as one reads in popular health magazines, for instance, in agreeably fitting what can in such circumstances be only a general prescription, to the needs of one whose requirements must of necessity be of exceedingly personal and individual character. But that is far short of damning the whole affair as hopeless, useless or silly. Any physician who has given even ordinary consideration to the physical exercise needs often is quite capable of prescribing sanely for those individual needs, and is no doubt doing it all the time. But inasmuch as many people who need extra or specific exercise most frequently fail to ever carry their need to a physician, the physical departments of various magazines who employ "health editors" do a tremendous amount of good through their general exercise suggestions, Dr. Williams and his tribe notwithstanding.

A GREAT DIFFICULTY

A great difficulty with the man who goes on the plan that his day's work gives him enough exercise lies in the fact that the very groups of muscles exercised need one specific thing more—'complete' muscular movement, that is, complete or entire alternate muscular flexion and extension—contraction and expansion—tightening up and letting go.

The very exercise the Doctor mentions—touching the toes with the fingers without bending the knees—is a common case in point. An ordinary day's activity stretches the back muscles, no doubt, 'somewhat.' But only when he purposefully does the simple thing that rouses the professor's ire—bends forward as far as possible without bending the knees—does one completely stretch those structures.

LOST THROUGH DISUSE

A step further...the day's work presently leaves on where he "cannot" touch the floor with his fingers without bending his knees. His possible movement has been more or less circumscribed, lost through disuse. Apply this to other groups of muscles and you have the general "stiffening up" that many people consider an inevitable accompaniment of mounting years, advancing age. In fact it 'is' old age!

Silly morning calisthenics are quite capable of postponing that condition for a long time in the lives of men. They're doing it all the time. The proof of the pudding ...Walking alone cannot do it, neither will horseback riding—tennis is better, and golf; but club memberships and equipment make these things widely prohibitive for the man in the street .....the morning calisthenics cost him nothing save a few minutes in time and a modest expenditure in thinking energy.

POISE AND LEISURE

The last of Doctor's remarks we have quoted as to leisure and poise come near to scoring. For we do need poise, sadly. We're not so

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sure about leisure. And poise, advisedly. After all, a cemetery is a wonderful place for both leisure and poise...yet sane men go to truly extraordinary lengths—and quite rightly we consider—to put off as long as they possibly can the evil day when they must go there. Morning calisthenics is one of the sanest of the "extraordinary lengths."

PLAY AS DISTINGUISHED FROM RECREATION

Its Significance in Child's Life

(By Arthur R. Timme, M.D.)

Hollywood.

The terms "play" and "recreation are frequently seen together and used in an interchangeable manner. They are by no means synonymous. Recreation applies chiefly to adults and embraces those activities and experiences that tend to give relief from the day's work. It reduces the tension and fatigue resulting from the strain of toil, hence producing rest and relaxation, one of its underlying principles is diversification of activity and interest, an exercise of functions not used in the day's work. This leads to a more well-rounded individual. Recreation may be active or passive. Active recreation is actual participation in games, sports or such pursuits as reading, drawing, cards, cross-word puzzles or what-not ; this is sometimes called play. Passive recreation is the mere witnessing of such games, sports or other activities.

The play of the child, however, is another matter. It has an entirely different significance form the adult's recreation, although there may be a superficial similarity at some points. The play of the child is the work of the adult, *i. e.*, 'play' occupies in the child's life a position corresponding to work in the adult's life. This relationship is both a retrospective and a prospective one.

FROM EGOISTIC TO ALTRUISTIC

The intense individualism of the infant and baby up to the age of about four reflects the individualism of the old cave days when everything centered about the individual. Life was a struggle with beasts and neighbouring cave men and it was a case of every man for himself. There were no social activities or desires. In like manner is the very young child the center of his universe, self-sufficient and self-occupied. The advent of school age with its growing interest in other members of the outside world may be said to correspond in race history to the time when men began to band together into groups with certain common interest. From that point on, both in the life of the child and in the history of the race, progressive socialization occurs. Development is from

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the egoistic to the altruistic. There is a subordination of individual interest to the common good.

The very best illustration of man's progressive socialization is seen in a study of the play activities of the child of succeeding ages. For the play of the child reflects accurately the work of the race. The small child plays alone, just as the remotest ancestor worked and hunted and fought alone. The activities of each represent their intensely individual character. Then, later, the developement of communal life is reflected in the older child's tendency to include other children in its play interests, say at the beginning of school age. Both the play of the child and the work of the forbear are changing from individualism to socialism in its literal sense. The period of gangs and gang fights in the child's life may be said to represent the early era of tribes and tribe warfare. The later development of games and other co-oparative activities corresponds to the advent of the tendency in early man to work together in peace and friendly co-operation—the beginnings of civilization. Many other and more detailed comparisons could be drawn, such as between ancient combat and the child's wrestling and fighting games, the ancient chase and the child's running games and possibly hide-and-seek, etc.

THE BIOLOGICAL MEANING OF PLAY

Thus we can readily see that play has a biological significance in that it is a phase of growth and development. Just as the child's physique passes through stages of development, representative of stages which the race passed through, and as the child's mentality as expressed in "mental age" may be said to represent succeeding stages of mental development of the race so are the activities necessary to survival of the race seen in the spontaneous activities of the child, namely in play. Hence play is a necessary part of development and tends to produce the well-rounded individual.

But play is also forward looking. It is not only a reflection of past lifes, it is a preparation for the future of the child. The experiences and training received in good play are indispensable to the well-adjusted individual. There are two general ways in which play fits the child for the work of adult-life. Play is training in application and concentration, and it is training in socialization.

Only in play does the child experience that interest and enthusiasm, that losing one's self in the task at hand, that indifference to distracting influences that makes for success when carried into the serious work of the man. Hence play properly indulged in is habit training in application to and concentration upon a task or job. There is no better means of turning interest away from self and such unhealthy things as phantasy and self-centeredness into the objective world of things and people than absorption in play.

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SOCIALIZING THE CHILD

Play is training socialization. It is by far the best and perhaps the only means of socializing the child. Life as lived to-day is social. The infant, just as the primoval cave man was is intensely individual. The universe revokes about him and all external things and people are judged only as they affect him Next to familial attachments, play is the chief influence to wean away the youngster from this self-centeredne-s, first to material objects such as playthings and later to co-ordinate individuals of his world. Play is life in miniature. The child's success in it foreshadows his success in life. The degree with which he can mingle and rub elbows with his playfellows measures the success he will have in later social contacts. In his team play he will evidence his later ability to subordinate his own desires to the common good, the secret of a good adjustment to life. On the play ground he will receive that training in democracy that recognizes an aristocracy only of ability and achievement. His team will inculcate in him a loyalty to it, that in manhood appers as loyalty to a purpose and to task undertaken.

All work and no play makes Jack a dull boy, and also may make him an unhappy, ill-adjusted man. Play is a biological necessity in the child's growth and development. It is an indispensable training for the serious work of life.

THE REAL CAUSE OF INFLUENZA

Solving The Mystery

(By William R. Lucas, D. N. T.)

A letter from one of my provincial patients lies before me, from which I quote the following: "On Saturday I developed a cold, which has turned out to be rather a severe one. In fact, I cought I was for the 'Flu' once more. My limbs and back ache, besides the usual sore-throat and headache. What is the remedy for that ?"

At this season of the year there are doubtless many thousands of people making similar complaint and asking a similar question. The object of this writing is therefore, an endeavour to throw the light upon a malady which is usually regarded, at least in orthodox medical cricles, as a mysterious one.

"THE INFLUENZA MYSTERY"

"A Doctor," writing on "The Influenza Mystery" in the Evening Standard asks : "Can one do anything to prevent catching influenza ?

I fear very little indeed: Until a definite germ has ben found, vaccines cannot be prepared." The last sentence well illustrates this medico's

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line of thought, which will be commented upon a little later. In the meantime, let us see if we cannot do anything to clear up the mystery with which influenza has for so long been surrounded.

The popular conception of the disease in general is that it is something we "catch" or contract through infection. It would be more correct to say that the disease is something that "catches" us when we are least prepared for it; that is, when our vital resistance has been lowered through one cause or another.

GRIP OF LA GRIPPE

It may be suggested that once an individual is in the clutches of influenza he is not a promising subject for a thesis on the cause of acute disease in general. He wants to know how best he can escape from the grip of "la grippe."

Still, in order that we may comprehend what we are up against, it is necessary to discuss the causation and nature of influenza.

What, then, is influenza? The question may be dealt with by asking another: "What's in a name?" Are we to blame this trouble on to the Italians, the Spaniards, the Japanese, or the Esquimaux? In spite of the efforts of medical researchers and disease specialists to give it a location, influenza seems to be well-nigh universal.

GARBAGE BIN STOMACHS

In passing, it may be said that in any part of the world where people are in the habit of making garbage bins of their stomachs—influenza is lurking just round the corner!

Medical experts would have us believe that bacteria—names and numbers unknown—are the cause of influenza. The doctor-writer quoted above says: "There is a bacillus labelled influenza, and I suppose it is comforting to the mind to feel that a possible germ has been found which causes the disease, but I very much doubt, and so do most others, if this bacillus is the real villain of the piece." Yet, he says he fears very little indeed can be done to prevent "catching" influenza until a definite germ has been found and appropriate vaccines prepared.

GERM THEORY

Natural healers cannot support the medical germ theory in the causation of disease, because it is not founded on facts.

Let me quote the great Rudolph Virchow on this point. He says: "If I could live my life over again I would devote it to proving that germs seek their natural habitat—diseased tissue—rather than being the cause of the diseased tissue, *e.g.*, mosquitoes seek the stagnant water, but do not cause the pool to become stagnant."

Enlightened readers will readily understand, and be able to apply the above line of reasoning without further comment.

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THE REAL CAUSE

The real cause of influenza is a careless mode of unhygienic living.

There is a legion of physical and mental pilferers who break into the bank of health and get away with the precious bullion of nerve energy. Then we are intimidated by such bullies as worry, envy, hate, jealousy anger, self-pity, etc., which inject fear into us, which dries up the secretions, upsets functional power, checks elimination and liberates poisons into the blood-stream.

There are other exciting causes, such as over-clothing, lack of fresh air and exercise, over-eating and wrong eating; but Dr. George Starr White is probably right when he says that fear is the most deadly cause of disease. This great doctor remarks: "If a disease kills one person, the fear of that disease will kill twenty persons."

HIGH DEATH RATE

Dr. White's dictum certainly seems to be supported by the terribly high rate of death during the influenza epidemic of 1918, when it is claimed some six million souls perished in three short months! With the death-dealing effects of fear in mind, it is reasonable to believe that Fear, plus Over-Eating, plus Impure Air caused the death of at least two-thirds of the victims.

Thus, once resistance is lowered, Fear is the greatest cause of influenza.

It will be recalled that we had an epidemic of influenza in this country in February last. According to newspaper reports at the time, this epidemic reached our hospitable shores from America. How the influenza found its way across the boundless ocean we were not told.

It appears that another epidemic of influenza may be expected at any time now. "So much depends upon the weather and so much upon the infective process itself," says our medical writer. Unfortunately, he has to admit that "the scientific world knows little or nothing about this process. Hence, the impossibility of forecasting with any certainty what is likely to happen."

In the light of this it would seem that influenza victims will look in vain to medical science for any knowledge, either of how to prepare for the influenza invasion, or methods of dealing with it, if and when it arrives.

THE GERM COMPLEX

Apart from condemning the habit of continually spraying the nose and throat with strong antiseptics as a pernicious and dangerous practice, "the only other things which remain to be done", says the doctor, "are to prevent chill and undue exposure, and to keep as fit as possible." "By these means," he points ont, "the resistances to diseases—influenza and

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others—is such that even if the germs are not repelled altogether a quick recovery takes place."

It is plain to see that this doctor harbours the germ complex, and in his estimation very little can be done to prevent influenza until a definite "germ" has been discovered. As a matter of fact very little needs to be done, but that very little may bring very big results. Here it is : Eat correctly and you will not have either influenza or "colds." That is simple enough for anyone to understand, and it is advice worth any price you care to put upon it.

Now let us get back to our consideration of the great "influenza mystery" and see if ways and means cannot be suggested whereby it can be dealt with successfully.

THE FIRST THING TO DO

What is called "influenza" may commence with a common cold, a sudden chill or a fever, and may be accompained by nervous headache. There may be a violent cough, nausea, vomiting and diarrhoea. In some cases, most often due to incorroct treatment, pneumonia develops, while in other cases pleurisy is the outcome.

The first thing to do when these symptoms appear is to go to bed and stay there until the fever has abated. The patient should take a full bath in water as hot as can comfortably be borne. He should stay in soak for twenty or thirty minutes. After the bath wrap up in a blanket until perspiration is completed. Then rub very dry and go back to bed.

The patient should fast completely until the fever has vanished. This means that no solid food should be taken at all—no bread, potatoes, rice or other starchy food , no meat, fish, fowl, eggs, or cheese ; nothing but plenty of hot water which may be sipped, with a few drops of lemon juice in it if desired.

BOWEL CLEANLINESS

It is very important that the bowels should be cleared of decaying matter, and the best means of accomplishing this is to use the colon or gravity douche at least once a day, using three to four pints of warm water.

The patient should have plenty of fresh air, but care should be taken to keep warm, especially the feet, even if the hot water bag has to be used.

It is also essential that all wellmeaning but otherwise gloomy friends and visitors should be kept away. Influenza sufferers have enough to fight against without listening to reports to influenza mortality.

This treatmet may appear to be drastic to the inexperienced, but it is better than having to pay the doctor big fees for attending to pneumonia, which often supervenes when influenza is neglected. May be it will be instrumental in preventing your friends from the expense of going into mourning.

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IT WORKS

In reality such treatment is extremely simple, and the beauty of it is that it can be carried out quite easily in the average home. It differs very materially from medical treatment, in that it works! There are no complications and no bad after-effects.

What is the individual to do after the fever has gone? He should live carefully and eat lightly for a few days after the fast is broken, taking raw fresh fruit only, preferably the sub-acid kind. Then dried fruit, a lightly boiled egg, toasted wholemeal bread and green salads may be added, and a gradual return made to normal diet.

The methods above suggested are in accordance with Nature's designs; there is nothing complicated about them, and another point in favour of this treatment is that, if observed faithfully and loyally, influenza will be put to rout more quickly and efficiently than by any other method.

GREAT HEALING RECORD

This claim can be made without any qualification whatever, for it can be proved up to the hilt that natural methods of curing for influenza victims saved the lives of over ninety per cent. of the cases treated in the great epidemic of 1918, and it should be remembered that natural healers were called in after the verdict "Hopless" had been recorded. Many cases, too, were not seen personally, but advice and guidance was given over the telephone. Dr. Alsaker, of New York, successfully treated every case under his care, and other nature-cure practitioners claim similar gratifying results

Carefully compiled statistics show that under measures that relied upon drugs, sera, etc, mortality exceeded twenty per cent., while with drugless methods the mortality was under one per cent.

A USELESS VACCINE TEST

The failure of "anti influenza" vaccine is clearly revealed in the recent report issued on the health of the Royal Air Force for 1928.

Of 2,010 apprentices at Halton Barracks aged between 15 and 18, youths numbering 969 elected to be treated with the vaccine. All the apprentices were kept under observation over the period of the supposed protection, but 319 of the 969 inoculated youths were "attacked" by influenza and 384 of the 1,941 uninoculated were attacked.

The report comments that the vaccine cannot claim to have succeded in its objects.

As the youngest of the Services, the Royal Air Force has had the benefit of modern medical science from the beginning, and since the general physical fitness of the Force is still rising, it may rightly be inferred that this is due to the healthy conditions of living and working and in spite of medical attention.

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MENACE OF MALARIA.

Mrs. Mosquito Pleads "Not Guilty"

Kipling wrote that the female of the species is more deadly than the male. Mrs. Mosquito, who probably had a nibble at you recently, is no exception. Beside his buzzing consort, Mr. Mosquito is comparatively a harmless fellow. It is his wife who carries the sting.

Nature has equipped these little grey insects with a mavellous set of carpenter's tools and has packed the little outfit neatly in the wearer's long proboscis. Here, in a tiny cylinder, little thicker than a hair, are a pair of mandibles, a pair of tubes that eject poison, and an apparatus to take in liquids.

There is also a tiny mouth, complete with lips.

Mrs. Mosquito does not settle upon our sun-exposed skins in order to annoy. Nothing is further from her thoughts. She is merely visiting us as we visit a handy restaurant—to dine. The fact that the tip she leaves takes the form of a poison that irritates for days after is just our ill-luck.

Since 1899 the entomologist, who recently held their Third Conference in London, have been devoting more and more time to the study of this tiny pest.

Science had always regarded Mrs. Mosquito with a certain degree of suspicion. But as the research workers learnt more of her, they became certain.

The result of those investigations has been the preparation of an indictment. Mrs. Mosquito is on trial, charged with the murder of many thousands of human beings annually.

SENTENCE OF DEATH

She may plead "Not Guilty," but that will not help her. Science has already returned a verdict against her and the sentence is being steadily carried out. And that sentence is—death. Death to the billions and trillions of Mrs. Mosquitoes, who rise buzzing into the warm air of every clime in the world and even, too, into the crystal air of the Artic Circle.

The story of the sleuthing of Mrs. Mosquito is one of the romances of science. Two great names stand out for all time in this connection: Sir Ronald Ross and the Italian scientist, Grassi.

These investigators proved conclusively that Mrs. Mosquito is guilty of carrying malaria and yellow fever.

Mrs. Mosquito lays her eggs in rafts, each one of which has anything from 50 to 500 eggs. These float in the water where the children of the Mosquito family spend their first days. But presently wings form and away fly the young mosquitoes, male and female.

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This exodus occurs in spring and early summer. By the height of holiday season Mrs. Mosquito, in her millions, is about her business, which is to seek and find nice hot-blooded, well-nourished humans upon whom to dine.

If having learned these facts about her, you come to the likely conclusion that Mrs. Mosquito is a body you would rather did not call upon you, you had better make sure she does not slip in uninvited.

At the back of your house there may be a tub of water that has turned greenish with the coming of warmth. The sun has brought into life minute animal creatures, has stimulated the growth of water vegetation.

If you have such a barrel or uneven, a damp patch of shallow puddle water near your house you are hanging out a "To Let" notice for any passing Mrs. Mosquito.

Mosqitoes that frequent the woods do not come your way. But strange as it may sound, there are town folk among the mosquito tribe who go to where else. It is Mrs. Town-Mosquito who plagues you on summer nights in the cities ; it is Mrs. Country-Mosquito who torments you on a holiday.

The best way to keep the unwelcome visitor away is to see that she has no quarters in which to set up housekeeping. A tiny film of paraffin on your barrel of puddles will make her quickly lose interest in your habitation.

But in the country you cannot do this. And from being a personal affair the destruction for Mrs. Mosquito becomes one for the whole community.

This is why the Entomological Conference met recently in London. It was really a Grand Council of War, with every tiny insect pest as its objective.

This is why, too, the College of Pestology has been set up and equipped with laboratories at Havant. The College of Pestology experts have prepared a chart of country, which has been divided into divisions. In each of these areas the local command is carrying on the war against the mosquito with oil and spades and fire.

PLEA FOR THE DEFENCE

When we have cleared up all the nice cosy residential quarters that abound in our countryside for Mr. and Mrs. Mosquito, then we shall have conquered. But it won't be easy, for Mrs. Mosquito, as has been observed, believes in the large family.

But is there nothing that may be said in favour of this energetic female ? There is.

Doctors who have in their care patients suffering from certain forms of paralysis have been known to write to the Ministry of Health asking,

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just as though it were a request for a rare drug, for a nice bottle of mosquitoes. Not any sort of mosquitoes, mind you, but lady ones, chock a block full of the poison of malaria.

Strangely enough the organism that causes paralysis when it enters the human blood stream is the deadly enemy of the malaria germ carried by the mosquito.

GET IN FIRST.

So now-a days sufferers are purposely well stung by mosquitoes and thus infected with malaria. The malaria germs give battle to the paralysis organisms inside the patient's blood stream and in many cases a cure results.

But since you are a healthy person, with a pure blood-stream, all that the mosquito does to you wont affect your health (unless it is a malaria carrier). Even so, a constant attention from this unpleasant female can ruin a holiday. So here are a few hints to forearm you against the invasion if it does come off. First the use of oil of lavender, eucalyptus or some such strong perfume, dabbed lightly on the face, neck, and arms will help to keep mosquitoes and other insect pests too at bay. The application will need renewing as the perfume evaporates.

Next—if you are bitten, don't scratch the spot ! This is apt to break the skin and cause bleeding, so opening the way to infection and inflammation. There are many lotions on the market more or less efficacious in allaying the smart. Older remedies which are perhaps as good as any, are rubbing with a lump of washing soda on the moistened skin, or applying the family blue bag to the bite.

But the better plan is to hit first ; that is, to do a little more work with a paraffin early in the year. No lady mosquito can stand that sort of treatment. She will go off in a huff and leave you severely alone which is persumably, what you want.—George Godwin in "Answers."

FASTING AND THE HEALING ART

Jap. Custom

HUNGER ARTISTS OF GERMANY

(By Sergius Morgulis.)

An organism while it fasts merely subsists on the nutriment contained in the deposits present in its own tissues. Naturally, one cannot fast indefinitely since these deposits are not inexhaustible. In other words, in the absence of food, life will persist as long as the reserve capital of the organism, represented by the tissue deposit will last, and in some instances it may persist for a surprisingly long time.

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It is not uncommon for devotees of certain religious sects to abstain from nourishment for periods up to a month without their health being thereby undermined. In Japan there are temples to which pilgrims retire to pray and to fast for days and weeks on end, to purify their souls and to regain lost health. It may also be recalled that McSwiney, the brave Mayor of Cork, protested against his imprisonment by a hunger strike and died after he had presumably fasted for seventy-five days. This is the longest record known of a fast before fatal termination, though one cannot repose complete confidence in it since we have no knowledge as to to what extent McSwiney's jailors resorted to forcible feeding, which in any event would have tended to prolong his endurance. Nevertheless, this case illustrates in a dramatic manner the ability of the human organism to survive lack of nourishment. Of course, among the lower animals with a much simpler physiologic organistation starvation is tolerated to a truly amazing degree, and survival for one or even two years is not a rare occurrence.

At first sight it seems entirely reasonable that an organism should survive fasting as long as its tissue supplies of nutrient substance hold out. Strictly speaking, however, this is not true. Animals generally die before the reserves of nurishment contained in their body have been completely exhausted. This is an interesting and important fact, which will be discussed more fully later. It suggests a thought, however, that should be emphasized here: that death from starvation is really not an exhaustion death. This in turn would imply that during fasting some process must be going on in the organism which if allowed to progress far enough without being checked, may induce premature fatal termination.

Reviews and Notices of Drugs

MOIST HEAT

There never has been a time in the history of medicine when it was not apparent to the observant that the application of heat to local inflammatory conditions was not only beneficial to the disease process itself, but comforting to the patient. Modern scientific investigation has fully proved that at least one of the effects of moist heat to the skin is to induce hyperemia and reduce fever and inflammation by the action of fresh blood brought to the affected area.

This is only one of the reasons why Antiphlogistine is so effective in the treatment of sinusitis, bronchitis, otitis media, cholecystitis and other inflammatory affections. It forms an impermeable and protective covering as well and induces a heating effect which is sedative to pain and is most grateful. Antiphlogistine may be employed as an adjuvant

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to any physiotherapeutic heat-producing method and more than thirty-five years of successful applications have confirmed its value in all congestive and inflammatory conditions. Samples and literature may be obtained from The Denver Chemical Mfg. Co., 163 Varick Street, New York, N. Y.

Reports of Societies, etc.

—o—

THE THIRD ANNUAL REPORT

OF

The Mangalore Municipal Ayurvedic Free Dispensary,

AT BOCKAPATNA, BOLOOR,

For the year ending 31st March 1930.

1. *The Dispensary* :—

The Municipal Ayurvedic Free Dispensary, the first of its kind in Mangalore, under Municipal managemet, was opened at Boloor by the Municipality on the 1st of August 1927, The opening ceremony of the Dispensary was kindly performed by E. M. Gawne Esq. I. C. S., the then Collector and District Magistrate of South Kanara before a large and distinguished gathering. The second dispensary has been opened at Jeppu last year, after seeing this institution working satisfactorily.

2. *Location* :—

The Dispensary is at present located in a rented Building at Bockapatna, Boloor, where a need for free medical aid is keenly felt by the public. The present building, being a private house, the accommodation therein is very limited. There are also no out-houses and much inconvenience is felt. It is hoped that the authorities will soon realise the necessity of having their own Building for the purpose with a small compound, where some of the rare and most useful herbs can be planted for immediate use in the Dispensary.

3 *The Third Annual Report* :—

It is a pleasure to present the Third Annual Report on the working of the Municipal Ayurvedic Dispensary for the official year of 1929-30. During the year under report, 7147 new patients suffering from various diseases attended the Dispensary for treatment, of whom 4055 were Hindus, 96 Adi-Dravidas, 420 Muslims and 2576 Christians.

4. *The Attendance* :—

The total attendance during the year was 37,695, daily attendance of out-patients. A statement showing the detalis of out-door

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patients that attended the Dispensary and a list of diseases treated for, are given below. A number of patients far off from outside Municipal limits like Parial, Panambur, Baikandy, Povoor and other places have also taken the advantage of the institution.

5. Cost of Treatment :—

The cheapness of Ayurvedic Treatment is quite evident from the facts and figures shown in the separate statement. The cost of treatment per head per day worked up only about 11 pies.

6 *Dhanvanthary Jayanthy* :—

Jayanthy celebration of Bhagavan Shri Dhanvanthari—the first physician, was performed at the Dispensary premises on the Jayanthy day, by holding a Public Meeting and an Exhibition of Drugs and Herbs. Here about 200 drugs and medicinal herbs were exhibited. And a number of attracting health posters with quotations from the ancient medical works like Charaka and Sushruta etc. were also exhibited on the occasion.

A FEW EXTRACTS FROM THE VISITOR'S BOOK.

J. A. SALDANHA Esq., B.A., LL B., M.L.C, Municipal Councillor, Mangalore, remarks as follows :—

I paid a surprise Visit to the Dispensary to-day. The Physician in-charge seems to take a lot of pains and has kept everything trim.

* * * *

and I find it is getting popular.

11-2-1928 (Sd) J. A. SALDANHA, M C, and M.L C.

RAO SAHEB DR. D. R. COLACO, Retired Heath Officer and Health Supervisor of the District H & W. Association, S. Kanara, wrote as follows :—

Visited the Dispensary. It is getting popular. With a sufficient stock of Medicines and a provision of minor instruments such as a pocket case, tooth instrument case etc., the institution is bound to be a great help to the thickly populated neighbourhood. A newly started Dispensary requires to be well equipped in order to create confidence of people in Ayurvedic treatment, by treating all sorts of diseases. Cofidence gained in the beginning has lasting effects.

29-2-1928.

(Sd.) D. R. COLACO.

M. S. MADHAVA RAO Esq., B.A., (Brother of Service) remarked as follows :—

It is a great pleasure to see this institution of indigenous type started and working in the Municipality. * * *

4-4-'28,
Camp, Mangalore. } (Sd.) M. S. MADHAVA RAO, (Brother of Service.)

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U. SANJIVA RAO Esq., Municipal Councillor, Mangalore, remarked as follows :—

Visited the Dispensary this morning at 9 a.m. and found the Dispensary in good condition. The Premises are clean and the work is going on earnestly. The staff is taking keen interest in their work and a large number of patients visit daily.

Untouchables also make use of the Dispensary.

* * * *

The printed chart of the Daily Visits, Annual Visits and the cost of medicines per head etc., is a record by itself which gives at a glance the progress of the Dispensary and the physician is to be congratulated for preparing this kind of statement as an indication of the good work done by Municipal Dispensaries which are free, but where there is as much enthusiasm as could be found in private dispensaries, which run more for profit and fame than for anything else.

18-6-29. (Sd.) U. SANJIVA RAO, M.C.

DR. M. NAGAPPA PAI, Registered Medical Practitioner observed as follows :—

I was visiting this Dispensary now and then, so to-day also I visited.

* * * *

Another thing about the waiting room. I felt very much when the female patients were waiting in the sun and rain on a varandah. So this Dispensary has to be improved in every respect.

6-8-29. (Sd.) MIZAR NAGAPPA PAI,
Regd. Medical Practitioner.

RAI SAHEB P. U. NARAYANA AYIER AVL, B.A., Chief Secretary, N. L. S. R. Bank Ltd, Madras, (West Coast Division) in course of his remarks writes :—

I have visited the Dispensary and have much pleasure to certify that it is worked very satisfactorily. If only the public realise the advantages of the Ayurvedic Medicines, I am sure in course of time there will be vast relief for the public. The Ayurvedic system will have vast possibilities of Expansion if Government gives provision in the budget for larger amounts and if our M. L, C's take also keen interest in pressing on the Government the necessity of alloting more funds.

Camp, Mangalore, 1-2-'30 } (Sd.) P. U. NARAYANA AIYER, *Rai Saheb.*
Chief Secretary, N. L. S. R. BANK, LTD.

J. A. SALDANHA Esq., B.A., L.L B., M L.C., Municipal Councillor remarked again as follows :—

Visited the Dispensary with Health Officer and found the Physician in charge active with a number of patients coming in and attended to

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carefully. The Dispensary serves a large useful purpose and requires a habitation on a larger scale. A number of improvements are needed in the present building on which Health officer may asked to report.

11-2-1930. (Sd.) J. A. SALDANHA, M. C.

PUBLIC OPINION.

AYURVEDA BHUSHANA DR M. V. SHASTRY, A.K.A.C., "GOPALA BHESHAJASHRAMA" Kadri, Mangalore, writes as follows :—

A copy of the statement showing the details of out door patients that attended the Municipal Ayurvedic Free Dispensary, Mangalore, during the year of 1928-29, which was kindly sent by the Medical Officer in-charge was duly received. The year under statement shows a good deal of progress. The attendance of patients shows that the system of treatment has been well appreciated by all the communities inhabited in Mangalore Town and its suburbs. The system is cheaper than any other medical treatment as is shown in the statement under "Average cost of Treatment." It is also effective in all respects.

Lastly, I believe, the Dispensary will work more successfully in future years.

Gopala Bheshajashrama,
30th July 1929. } (Sd.) M. V. SHASTRY,
Ayurveda Bhushana.

PRESS OPINION :—

We published in our last issue the strtement from the local Municipal Ayurvedic Dispensary, Boloor, showing the details of out-door patients that attended the Dispensary, during the year of 1928-29. No less than 6511 patients of whom 3564 Hindus, 2521 Christians and 426 Muslims have been treated during the year under report, having an average daily attendance of 88·7. The cheapness as well as the effectiveness of the Ayurvedic Medicines are evidently known by the facts and figures shown in the statement. The cost of mere drugs averaged 2·8 pies per patient per day, where as the net cost of treatment worked up only 10$\frac{1}{3}$ pies per day per attendance. It seems the present Ayurvedic Dispensary was opened in 1927 on experimental basis which we are glad to know, has turned into a successful institution. We are also glad to inform our readers that our Municipality has recently resolved to open and maintain one more Free Ayurvedic Dispensary in Jeppu Ward which we hope will also work successfully. We congratulate the Municipality, and Taluk Boards for having given the deserved encouragemet to Ayurveda,—the Indian Science of life and we further hope that in the near future, the other Taluk Boards in our District will copy the example set by our Municipality.

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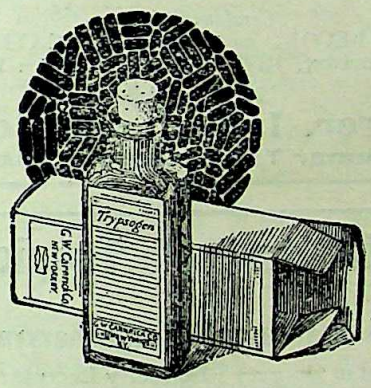

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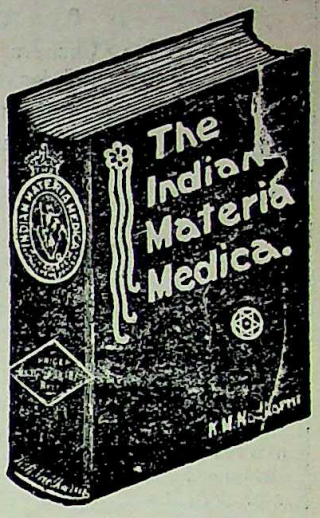

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The Journal of Ayurveda

or the Hindu System of Medicine.

Vol. VII.] September, 1930. [No. 3.

EDITORS: Dr. GIRINDRANATH MUKERJEE, B.A., M.D., F.A.S.B., VISHAGACHARYYA.
Kaviraj SHIBNATH SEN, B.A., M.B., KAVIRATNA.

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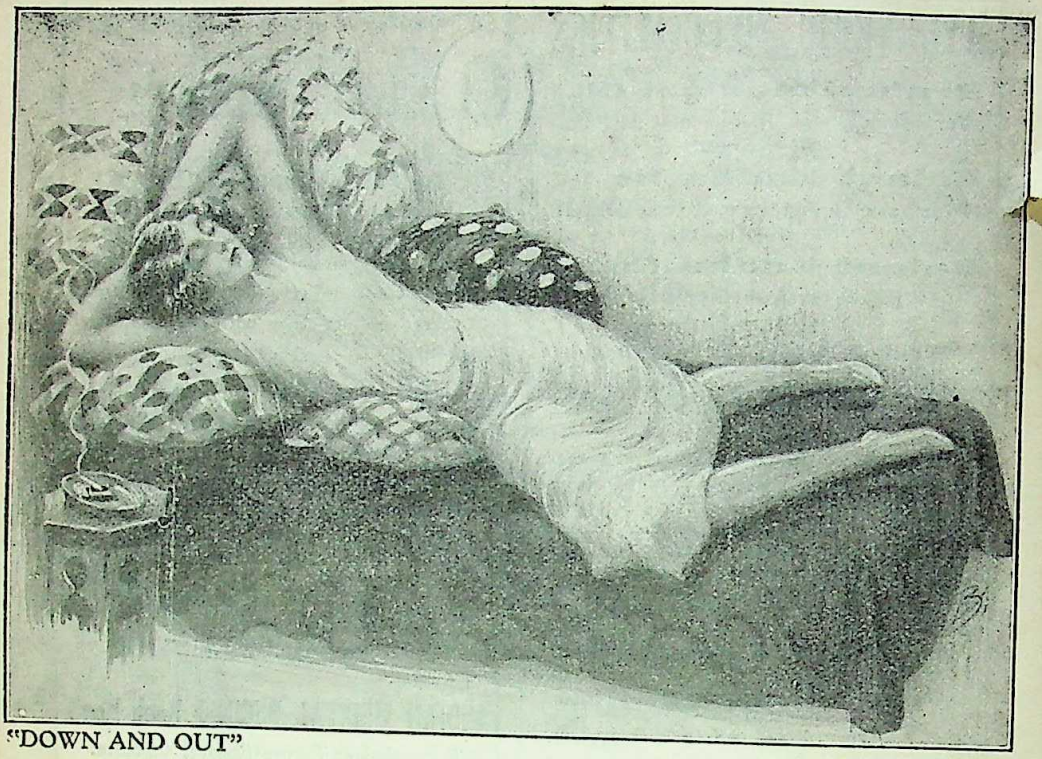

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THE JOURNAL OF AYURVEDA

Vol. VII.] September, 1930. [No. 3.

Drugs Enquiry Committee

We have received a letter dated $\frac{\text{Simla}}{\text{Delhi}}$, the 2nd Sept. 1930, enclosing a questionnaire from the Secretary of the above Committee in order to publish same in our journal for public information and comment thereon if necessary.

The Committee has been formed "in pursuance of a resolution adopted by the Council of State to take such steps as may be possible to control the indiscriminate use of medical drugs and to legislate for the standardisation of the preparations and for the sale of such drugs" The Government of India, after consulting and with the approval of the Local Governments, have appointed the Committee to explore and define the scope of the problem and to make recommendations as to the measures which should be taken.

2. The terms of reference to the Committee (vide Gazette of India Notification No. 1637, dated the 11th August, 1930) are as follows :—

(i) "To enquire into the extent to which drugs and chemicals of impure quality or defective strength, particularly those recognized by the British Pharmacopœia, are imported, manufactured or sold in British India, and the necessity, in the public interest, of controlling such importation, manufacture and sale, and to make recommendations ;

(ii) "To report how far the recommendations made in (i) may be extended to known and approved medicinal preparations other than those referred to above and to medicines made from indigenous drugs and chemicals ; and

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(iii) "To enquire into the necessity of legislation to restrict the profession of pharmacy to duly qualified persons and to make recommendations."

3. The letter further says that "the necessity of some measures of above description is obvious equally from the point of view of the manufacturer and the dealer who wishes to carry on his business honestly, the medical man who expects result from the medicine he prescribes and the consumer who is dependent upon both. It is well-known that many unscrupulous people realising that to analyse and standardise medicinal preparations requires experienced men and expensive and elaborate laboratory equipment, take advantage of this knowledge to carry out extensive adulteration, use inferior drugs and in the case where raw material is expensive, purposely reduce the quantity that should be used in order to sell it at a low price. This is not only carried out in India but some European firms export medicines specially manufactured for the eastern bazaars.

"The Committee desire to have the views of all persons. associations or bodies interested in this question with respect to the points mentioned in the terms of reference. With a view to elucidate the different aspects of this problem they have drawn up a questionnaire. The questions have been drawn up with the sole object of eliciting information and it is hoped that a detailed list will be sent to them, supported by arguments and statistics whereever possible. It is also requested that replies to the questionnaire may be sent to the Secretary of the Committee, School of Tropical Medicine and Hygiene, Calcutta before the 1st of October, 1930."

We have given above the objective of the Government for appointing the Committee which is no doubt apparently laudable. But there are certain points in the above statement that require elucidation and public criticism.

Let us examine these points carefully and judge the merits of each individually.

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The Committee was established out of deference to a resolution passed by the Council of State. We are glad that Government has considered it fit to respect the opinion of the Council, which in the opinion of everybody should be considered praiseworthy, specially during the regime of the present-day Reformed scheme which empowers the Governors and Viceroy to ride rough-shod over such resolutions. The promptness with which the matter has been taken up by the authorities is surprising indeed. The letter reached us only on the 17th of September and we were asked to publish the objects and questionnaire and submit an answer before the 1st of October. 1930. The impossibility of the task is easily imagined and we failed to do either for reasons quite obvious.

In our opinion, the time limit for submitting answer to the questionnaire is too short and is objectionable from various stand-points. Firstly, the matter is of far-reaching interest, as it concerns the interest not only of Indigenous drugs and preparations but is likely to affect the future of Indian medicinal products, such as Tinctures, Extracts and various other drugs prepared according to the British Pharmacopœia as well as many other drugs and proprietory medicines imported to India from non-British countries.

Obviously the enquiry is started in the public interest, but, so far as the public are concerned, we are unable to consider the Hon'ble Members of the Council of State to be representatives of them. We are also aware that there are very few or none at all of medical men representing the profession in that august Council to speak authoritatively on a subject of so far-reaching importance. We do not, of course, mean that the members of the Council of State are incapable but their sphere of action should be elsewhere and the present subject should have better been outside their field. As for instance, the reasons stated in para (3) of the objects section require

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the knowledge of an expert analytical chemist who has found out that "many unscrupulous people realising that to analyse and standardise medicinal preparations requires experienced men and expensive and elaborate laboratory equipment, take advantage of this knowledge to carry out extensive adulteration, use inferior drugs, and in the case where raw material is expensive, purposely reduce the quantity that should be used in order to sell it at a low price. This is not only carried out in India but some European firms export medicines specially manufactured for the Eastern bazaars."

If the above fact is "obvious" and "well known" and "some Indian and European firms" have already been found guilty as stated therein, we do not understand what might be the meaning of starting an enquiry at all at a heavy expense when the finance of the Government is not very satifactory and the "public" are passing through an economical crisis. The charge of manufacturing and importing spurious drugs and preparations has been made against some Indian and European firms and the names of these are of course known to the experts even before launching upon the present enquiry. It would, therefore, be better to ban them by an Act of Legislation or even by an Ordinance, so that much of the troubles of an extensive enquiry would be saved. When the truth about an allegation is "well-known", an enquiry seems superfluous ; the only thing necessary is punishing the criminal. It would have saved the Committee so much labour and so much waste of the valuable time of its members if it published the names of the guilty firms and those of their preparations that have been found by it to be spurious.

It may also be possible that para (3), above quoted, is only a supposition and serves only as a premise upon which is based the whole show. If so, the premise ought to have been tested for its soundness and some specific instances ought to have been stated therein in order to create confidence in public mind. As for ourselves, we

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have not heard of any complaint of such nature from either our patients or our subscribes. If the premise, as it stands, is not sound, then the whole structure based on it will fall to the ground.

Much stress has been given on products "recognised by the British Pharmacopœia" (vide Para 2, i). We do not understand the necessity of particular stress on B P. products manufactured in India and some European countries but used in India. British Pharmacopœia was not what it is now even a few years ago and now it has been recognising various drugs in its extra-Pharmacopœia portion. Besides, every country, India not excepted, has got its own Pharmacopœia with the names of drugs almost similar and some additions and alterations. The standard of potency is perhaps similar but might not be guaranteed to be equal everywhere. B. P. products of England might or might not be equal in potency to the products of same nomenclature of Germany or France or U. S. A. We know that one and the same herb grown in different parts of India possesses different properties ; as for instance, *Amlaki* of Bengal is of inferior quality to that of Benares. Therefore, it is no wonder that similar B. P. products manufactured in India or some European countries may vary therapeutically and may not be equal to British preparations in every respect.

In our opinion, standardisation of B. P. products produced in India should not be made according to the potency of drugs manufactured in the United Kingdom for reasons multifarious. Indians are not Britishers in any respect. The average longevity of an Indian in course of the last four decades has come down from 36·2 to 22·5 in spite of the import of standardised B. P. products and good proprietory medicines, whereas it has gone up in the United Kingdom from 42 to 52 in course of the same period. Condition of Indians is gradually becoming worse in respect of health and efficiency and the present average income of an Indian is the beautiful

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figure of 6 pice per day, so that he is half-fed and constitutionally far weaker than an average European. It is therefore obvious that he needs less potent drugs prepared from herbs of Indian soil to cure his disease. Again there is growing up a strong opinion that highly potentised drugs imported from foreign countries are partly responsible for the shortage of Indian life. Standardisation of drugs is possible in countries where people are well-fed and possess a vitality almost similar. But conditions now obtaining in India is quite different. A medicine which suits perfectly a man of affluent means is likely to produce toxic effect in a poor, half-fed or rather starved village lobourer. We wonder why the Hon'ble Members of the Council of State as also the Government who is directing the Enquiry lost sight of this aspect of the problem. The Committee should recommend, among others, the diminution of potency of the present B. P. products rather than banning less potent drugs.

The Committee consists of an Indian chairman and three members, of which two are Europeans and one a Mahomedan. Two of these gentlemen are medical men, one a chemist while the other a layman and no one has been taken in to safeguard the interests of Indian firms and as such it may not command confidence in all quarters. It is also significant that two of its members including the Chairman are Government servants and another belongs to a British firm, which may be construed adversely by the public, specially by the Indian firms preparing medicines.

It is a fact that B. P. products of European firms are being imported to India for many years and Indian firms have been in the field for the last two decades but the necessity of such an enquiry was never felt in the past, not even in 1929. Now that the Indian doctors have decided to boycott British drugs, the feeling of such a necessity must be a very curious coincidence indeed. It is also a fact that many Indian firms are now preparing

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many medicines not only of British Pharmacopœia but also other combinations compounded with B. P. and Ayurvedic drugs. It might therefore be apprehended that the present move may be directed against these manufacturers along with other European firms as has been specifically hinted in para 3. The non-inclusion of a single member of any Indian firm may also be construed in that direction.

Whatever might be the apprehension of Indian firms, we believe that the authorities should now clearly state their object in directing such an Enquiry so hurriedly at such a time, so that the public might be assured of safety or immunity. India needs many enquiries besides that of spurious B. P. products which is of very little importance. Indians are half fed, their longevity is 22 years and they die in thousands of preventable diseases year after year. They are groaning under heavy burden of taxes, and debts to their creditors. Their position in the commonwealth of nations is most unenviable and instead of removing these grievances, the authorities are busy about something which is rather unimportant from the utiliterian point of view.

In this connection, we wish to draw the attention of Indian medical men, chemists and manufactures to the inauguration and actions of the present Committee so that they may put their house in order in order to come out of the ordeal with flying colours. It is not possible to forecast the result of the enquiry at such on early stage but it is always better to be forewarned and well-provided against imergency. For ourselves, we do not know how to answer the questionnaire as we have never experienced any grievance as stated in the pamphlet. Medicines, however efficiently prepared, are not infallible and as such we donot see why one kind should be termed worse then the other. Pharmacopœias of all countries and all ages are imperfect after all, and medicines are more so, specially Western medicine and as such we donot endorse the enquiry proposed which is not only inopportune at the present moment but will, we are afraid, end in "much ado about nothing."

H. N. C.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKAR,

Amraoti.

——:o:——

(Continued from our last issue)

The description of Katu Rasa goes thus—

यो जिह्वायं बाधते, उद्वेगं जनयति, शिरो मूर्द्धति,
नासिकां च स्रावयति स कटुकः। (सुश्रुतः)
उद्वेजयति जिह्वायं कुर्वंश्चिमचिमां कटुः।
स्रावयत्यपि नासास्यं कपोलौ दहतीव च॥ (अ. हृ.)

i.e. The Rasa which irritates the tongue or produces a dejecting sensation to the tongue as also the head, which causes to ooze the nostrils and the mouth, and burns the cheeks, is known as the Katu or the Pungent Rasa. With respect to this irritating property, its actions are stated. Thus—

कटुर्गलामयोदर्दकुष्ठालसकशोफजित्।
व्रणावसादन स्नेहमेदः क्लेदोपशोषणः॥ १॥
दीपनः पाचनो रुच्यः शोधनोऽन्नस्य शोषणः।
छिनत्ति बंधान्स्रोतांसि विवृणोति कफापहः॥ (अ. हृ. सू १०)
कटुको दीपनः पाचनो रोचनः स्यौल्यादस्यकृकृमि
विषकुष्ठकंडूपशमनः संधिबंधविच्छेदनोऽवसादनः
स्नेह्यशुक्रमेदसामुपहंता चेति। (सु सू. अ. ४२)

i.e. The Pungent Rasa cures throat disease, Udarda (Urticaria), Kushthas (Skin Diseases), Alasaka (a sort of skin trouble), and swelling; it is the purifier of wounds; drier of oily, fatty and liquid or watery substances; it is digestive, stimulant, dispeller of the loss of appetite, purifier of food, and drier as a whole; it removes obstructions, it is the dilator of the tissues and

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dispellor of the faulty state of Kapha ; it removes away obesity, destroys germs, semen and human milk, as also it is the curer of Kushthas (Skin Diseases) and itching. It is then clear that these properties and actions are due to the burning quality of this Rasa received through Fire and agitating and drying qualities through Wind. Productive and destructive qualities of substances quite opposite to each other have been described as having originated from the Madhura and Katu Rasas.

Besides these, there are four other Rasas showing the sub-divisions of the Rasas in a mixed form. These are due to the mixture of the particles of the five elements. Out of them, Amla (sour) is made up of the abundance of Earth and Fire. Its characters are :—

यो दंतहर्षमुत्पादयति मुखस्रावंजनयति
अद्धां चोत्पादयति सोऽम्लः। (सुश्रुतः)
अम्लः चालयते मुखम्।
हर्षणो रोमदंतानामक्षि भ्रुवनिकोचनः॥ (अ. हृ.)

i.e. Amla Rasa is discernible from the watery mouth, from its creating an unpleasing resisting—sensation in the mouth, but producing a craving for it.

This description will give an idea that the attraction or heaviness of the earthen particles tempts the body cells to receive them, but as soon as they are associated with them, their internal property—excitation—is experienced and the natural result is burning. Not only this, but the exciting property being full of steadiness on account of Earth, its effect is more lasting. It is, however, not felt instantaneously nor at the beginning.

But the same is more stayable, more lasting, and its touch is pleasing but it is displeasing in the end. In this way, it is wholesome at the beginning but contrary at the end. Similar are its actions given. Thus :—

अम्लोऽग्निदीप्तिकृत्स्निग्धो हृद्यः पाचनरोचनः।
उष्णवीर्यो हिमस्पर्शः प्रीणनः क्लेदनो लघुः॥ १॥
करोति कफपित्तास्रं मूढ़वातानुलोमनम्। (अ. हृ.)
अम्लो जरणः पाचनः पवनविग्रहणोऽनुलोमनः
कोष्ठविदाही वह्निः शीतः क्लेदनः प्राथशो हृद्य श्चेति। (सुश्रुत)

Amla Rasa is stimulant, digestive, purifier of the heart, remover of impurities, cool in touch, oozy (helping to ooze water

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necessarily) and excitor of the intestines, and lastly increaser of Kapha and Pitta.

4. LAVANA (SALT) RASA.

Lavana is taken to be salt (Kharata). The word 'Ksharata' is corrupted in Marathi as Kharata which means having more Kshar or salt. 'Ksharanam' means to cause Ksharana or separation and this property exists in salt in some degree. Severity of salt can be called Kshara. This shows that Lavana creates oozing and Kshara separation, meaning two actions of the same type, one mild and the other strong. But it his evident that oozing requires more wetness. Then, any substance which has this quality must be made up of the substances amongst which there is Water. But the elemcnt Earth which continues this wetness and has accumulative property is not existent. On the contrary it may add liquid to the already existing water and after the same is oozed out, dryness is sure to follow. This shows that there is no heaviness, attractiveness or oiliness in it. That it brings dryness, evidently shows that dryness being a part of Tejas or Fire exists in it in association with the element Ap (Water). This is why Lavana is described as

तोयाग्निगुण बाहुल्याल्लवण:।

i.e., Lavana is made up of the mixture of the abundance of Toya and Agni—Water and Fire. This Rasa also is not productive. On the contrary, its oozing property leads to destruction, but the liquification that is experienced at the beginning leads one to think that it is somewhat productive. This wetness is exciting —irritating—on account of its association with Tejas or fire. Lavana Rasa has been described as :—

यो भक्तरुचिमुत्पादयति कफप्रसेकं जनयति
मार्दवं चापादयति स लवण:। (सुश्रुत:)

i.e., The Rasa which produces taste in food, oozes Kapha, and creates softnese, is called Lavana. But the description in Sushruta does not clearly mention its Taijasa or Firy property. Vagbhat says :—

लवण: स्यंदयत्यास्यं कपोलगलदाहकृत्।

i.e., Lavanna produces water in the mouth and a heating sensation in the cheeks and the throat. These characters are quite clear. Among the properties of this Rasa, 'to create flavour in food' is noteworthy. That Salt brings flavour, is usually experienced. But what does this bringing flavour in food mean? Any substance

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mean ? The special feature of this Rasa—oozing wateriness—gives rise to the above property. The association of this Rasa creates moisture in all substances and then they begin to ooze, and then their original taste is manifested. This is what is manifested in what is meant by 'Salt increasing flavour in food'. We can conjecture then the actions of salt or Lavana over the body from this property. Whenever salt gets associated with the bodily Dhatus in their minute cells, the oozing (Vishyanditvam) of its Rasa is commenced, but the same is in a certain proportion necessary also, because if wetness or Vishyanditvam is increased a little in the whole body, its tissue-changes go on smoothly, and then the usual nourishment takes place without obstruction. The separation of the decayed part (waste) which is clung to the tissues is easily effected. This means that by the association of Lavana, the Rasas or the particles of food nutrifying the body are separated and manifested. Thereafter this Rasa is mixed in the Rasa Dhatu through the chyle, and there also creates wateriness (Liquification), retains it and then helps to its circulation through the body, and in this way when it enteres the bodily Dhatus, great or small, the same liquification is effected, and their relative combination is made easy. It also helps to separate the decayed part or waste in this liquid state. The description at the beginning :—

यो भक्तरुचिसुत्पादयति ।

(*i.e.*, that which produces a good flavour in the food), if understood in this wide sense can be rightly followed. Every Dhatu is a diet of another Dhatu and the desire, appetite, craving to take this diet is created by the Lavana Rasa. Such wide meaning is derived from this which is very comprehensive.

This then will show that as the Lavana Rasa is necessary for nourishment, so it is for the removal of the refuse (removal of the used particles in the form of refuse from the bodily Dhatus). It should, however, be noted that if being tempted by these two properties of it, viz., nourishing and purifying, it may be used in excess and nobody can be benefited by it and loss will have to be experienced. Because, it has a bad quality of letting the Dhatus ooze and then drying them. Their increase is always desired, but the same is barred by this ooziness. While trying to take in proper proportion the benefit of this good quality of the Lavana Rasa at the commencement, one must not lose sight of its demerit which creates a more lasting action. The ancients

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have advised (while expounding the Lavana Rasa) to be cautious of this danger. In general, it is described as—

विष्यन्दि लवणं सर्वं सूक्ष्मं मृष्टमलं विदुः।

meaning all sorts of Lavanas cause oozing, they are piercing and help to separate the bodily waste from the Dhatus. This has been given as its good merit, but it is also told at the same time to note down this important demerit of it, which gives rise to many diseases in the end. The properties of the Lavana Rasa have been centered in this quality. Thus :—

लवणः संशोधनः पाचनो विस्रंषणः क्लेदनः
शैथिल्यक्लदुष्णः सर्वरसप्रत्यनीको मार्गविशोधनः
सर्वशरीरावयवमार्दवकरश्चेति। (सुश्रुत)
लवणः स्रंभसंघातबंधविघ्रापनोऽग्निकृत्।
स्नेहनः स्वेदनस्तीक्ष्णो रोचनश्छेदभेदकृत्॥ (अ. हृ.)

लवणो रसः पाचनः छेदनो दीपनस्यापनस्छेदनो भेदनस्तीक्ष्णः सरोविकासी अधःस्रंसी अवकाशकरोवातहा स्रंभबंधसंघातविघ्रापनः सर्वरसप्रत्यनीकभूत् आस्यमास्रावयति, कफं विष्यंदयति, मार्गाशोधयति सर्व्वशरीरावयवान् मृदु करोति, रोचयत्यास्यमाहारयोगी चात्यर्थं गुरुः स्निग्ध उष्णश्च॥ (च सू अ १४, ४२)

i. e. Lavana is purifier, digestive, creating looseness and separation, producing wateriness, diminishing the taste of other Rasas, cleaner of the Dhatus, creating softness in all the parts of the body, dispeller of stiffness, accumulation of waste and of immobility (these properties are experienced at the beginning). It is greesy, diaphoretic, violent, flavourer, splitter (of sticky particles), breaker (of the muscular legaments, of adinitis, of accumulation of excreta), laxative, dialator of Dhatus, etc. These are all the properties of the Lavana Rasa. Among these, wateriness is of first-rate importance and then firyness or hotness. This Rasa is by its wateriness rather heavy and greesy and is hot by firyness.

5. TIKTA OR THE BITTER RASA

Tikta Rasa has been described as

यो गले ग्लेपयत्युत्पादयति सुखवैशद्यं जनयति, भक्तरुचिं चापादयति हर्षं च स तिक्तः। (सुश्रुत)
तिक्तो विशदयत्यास्यं रसनं प्रतिहन्ति च। (अ. हृ.)

i, e. The Rasa which creates excitement in the throat, clarifies the mouth, dispells loss of appetite and produces "Harsha" or hatred and which gives an irritation to the organ of taste, is known as Bitter. This Rasa is said to have been made up of Wind and Ether.

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वायवाकाशगुण्यबाहुल्यात्तिक्तः। (सुश्रुत)

meaning Wind and Ether together in their greater part give rise to the Bitter Rasa. This Rasa has no wetness, no oiliness, and no attracting and exciting power. But as it does not give any pleasure, it is said to be made up of Wind and Ether. Clearly, therefore, it shows that earthen and watery elements which give satisfaction are not existing there. We cannot think that it might be firy, because of its want of stimulation. Therefore, what other elements than the remaining Wind and Ether can there be? Wind and Ether themselves mean rarification in embodiment and the bitter Rasa has also mainly the same property to which all other properties or actions are due. There is no productivity. It has not, however, irritativeness like the Amla, Kshara and the Katu Rasas, even though it consists of dreariness and rariness. But this Rasa is not essential for the 'earthen' body. This is why bodily particles do not possess a longing for the same. It has got a very disagreeable taste and the reason is the abundance of Wind. The particles of Wind are rary and the association of Ether with it will add to this already existing prrperty. These rary particles pierce into the very minute nerves of the organ of taste. By the quality of minuteness and rariness, there happens to be cleanliness in the organ of taste and the tissues of the mouth, but it is clear that by this action, everywhere will grow rariness, dreariness and lightness. The organ of taste declares that the bodily Dhatus are not ready to give a warm welcome to this Rasa. Of course, this will not give any additional trouble such as burning, etc. This is then a difference between the pungent and the bitter Rasa. Besides, this Rasa having been made up of abundance of Wind, it has more effect upon the windy particles (motor nerves) of the body. This Rasa acts upon the bodily cells, great or small, as the same are ethereal. Rariness from Wind and hollowness through Ether together bring out the action of the purification of the cells. This is the main action of this Rasa and its qualities given are in accordance with the same. They are :—

तिक्तोऽक्लेदनो रोचनो दीपनः शोधनः कंडुकोट तृष्णा मूर्च्छा ज्वरप्रशमनः स्तन्यशोधनो विषमूत्रक्लेदमेदो वसापूयशोषणश्चेति। (सुश्रुत)

तिक्तः स्वयमरोचिष्णुररुचिं कृमिहद्विषम्।

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MIDWIFERY IN ANCIENT INDIA

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(*Continued from our April issue*).

Inter-marriage of Blood-relations.—

The famous dialogue of Yama with his sister Yami in the *Rv.* x. 10 clearly prohibits the marriage of brothers and sisters. In the *Sp. Br.* 1. 8, 3, 6 we find that inter-marriage is prohibited but allowed in the fourth generation. "Now kinsfolk live sporting and rejoicing together, saying.—'In the fourth or third generation we unite." Later on, prohibitions against marriage in the *gotra* or family are found in the *Gobhila Grhya Sutra* iii. 43, 6 : "One must not take for one's wife one who is not of the same gotra or one who is not *sapinda* to one's mother." The *Dharmasastras* (*Apast. dharma* ii. 5, 15, 16 ; *Manava Dharma* iii. 5 ; *Yajnavalka Dharma* i. 52, 53 ;) also dictate similar rules. "One must not give one's daughter to a man belonging to the same *gotra,* nor to one related (within sixth degree) on the mother's or father's side (*Apast. Dharma* ii. 5, 15, 16).

But there is evidence to show that prohibition of marriage within the *gotra* could not have existed in the earlier ages, as *Harisvamin* remarks (in *Sp. Br.* i. 8, 3, 6) that the Kanvas allowed inter-marriage from the third generation and the Saurastras from the fourth generation ; and that the Daksinatyas allowed marriage with daughters of the mother's brother, and with the sons of the father's sister. (*Cf.* Weber. *Ind. Stud.* x. p. 75 ; Max Muller. *Ancient Sans. Lit.* 387 ; Buhler. *Sacred Laws of the Aryas* i. p. 124 ; Schrader. *Prehistoric Antiquities,* 392 ; etc.).

Conception and Impregnation.—

In the Vedic literature, we find references to the process of conception. "The generative power is inseparable from the testicles. He lays it down between these two, for within these testicles, the progeny is produced (*Sp.* vii. 4, 2, 26). "The seed of the boy is not productive [illegible] his last stage of life it is not

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productive" (*Sp.* xi. 4. 1, 7). "During copulation, the seed from the male is poured into the female womb (*Sp* 1, 7, 2, 14). "In the male, indeed grows the seed; that is poured along into the woman; that verily is the obtainment of a son, that Prajapati said." (*Av.* vi. 11, 2 ; see also vi. 81). "The infused seed is taken up by the womb." (*Sp.* vi. 4, 3, 6). "The seed kept within the womb does not fall or escape." (*Sp.* vi. 4, 3, 7). "The womb is circular, the world doubtless is circular" (*Sp.* vii. 1, 1, 37). The process of generation and stages of the development of the foetus are described in the *Ait. Br.* 1, 2. In *Rv.* x. 184 we find an interesting theory of generation. "May Visnu make thy *yoni* fit to bear the *garbha* (foetus) ! May Prajapati enter my body and eject the *rethas* to develop into a foetus in thy *yoni* ! May Tvasta (the fashioner of forms) develop the forms thereof !"

In the *Taitr. Sam.* vi, p. 10 (*I. O.* Mss. No. 1702) we find a speculation as to the reason how a foetus with bones is developed from sperm and germ which are apparently boneless. "Those versed in sacred science ask on what principle it is that creatures are generated by a boneless substance and yet are born with bones ? It is because the sacrificer places gold in the fire when he casts into it his oblations, that creatures propagated by boneless substance are born with bones" (Muir).

It is no doubt interesting to compare this knowledge of the ancient Hindus with that of the other ancient nations of the world. "Dutens gives a learned account of the ancient theories on the generation of animal. Suffice it to say, that Empedocles, Hippocrates, Aristotle, and most of the philosophers taught that all animals derive their origin from ova ; but that Democritus and a few others maintained that they are produced from spermatic animalcules (*Origine des Decouvr.*)" *Paul. Aegineta. vol.* I. p. 609.

On the formation of the foetus.—

The seminal fluid is cold, and the menstrual blood is hot. All the creatures are formed by their combination, and they rest in them. Heat is eliminated from the body of the male and the female by the *vayu*. The semen is secreted by *vayu* and heat into the female organ of generation, where it meets with the the female germ and forms the foetus which is lodged inside the uterus. The Knower of this macrocosm, the all-knowing, the all-touching, the all-smelling, the all-seeing, the all-hearing soul who has no end, who is paramount, and who cannot be thought of, mixes with the

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soul of the foetus and waits inside the uterus, being moved by the force of *vayu*, in the forms of *Deva* or *Asura*, the result of the different combinations of *satya*, *raja* and *tama*.

Signs of Pregnancy: The following signs occur just after conception: weariness, uneasiness, thirst, heaviness in the thighs, stoppage of discharges, flushing of the vagina. Later on, other symptoms become manifest: black discoloration of the areola of the nipple and of the lips, excessive growth of the pubic hairs, continuity of the eye-brows by the growth of hair, anorexia, vomiting, disliking even for good smell, watering of the mouth, liking for acid food, lassitude, milk in the breast, sweelling of the feet, elongation of the vaginal canal, or its orifice etc.

तत्र सद्योगृहीतगर्भाया लिङ्गानि,—श्रमो ग्लानिः पिपासा सक्थिसदनं शुक्रशोणितयोरवरत्नः स्फुरणञ्च योनेः।

स्तनयोः क्लमसुखता रोमराज्यङ्गसत्था।
अक्षिपक्ष्माणि चापस्याः संमील्यन्ते विशेषतः॥
अकामतश्छर्दयति गन्धादुद्विजते शुभात्।
प्रसेकः सदनञ्चापि गर्भिण्या लिङ्गमुच्यते॥

In Modern text book the following signs are mentioned :—

First 4 weeks.—Amenorrhœa, discomfort in the breasts.

Second ,, —Amenorrhœa, morning sickness, Hegars' sign, pigmentation of the nipple areola.

Third ,, —Amenorrhœa, morning sickness, pigmentation of the nipple areola, milk in breasts, sofetening of cervix, coloration of cervix and vagina.

Fourth ,, —Amenorrhœa, morning sickness less, uterus half-way between pubes and umbilicus, pigmentation of areola, Montegomery's follicles, quickening, uterine souffle, ballotment, softening of cervix, coloration of vagina.

Fifth ,, —All the above, uterus nearly to umbilicus, uterine contractions, secondary areola, fœtal heart sounds.

Sixth ,, —All the above, uterus just above umbilicus, striæ, linea nigra.

Seventh ,, —Uterus one-third way between umbilicus and ensiform cartilage. The positive signs well marked.

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Eigthth 4 weeks—Uterus almost to ensiform cartilage. Funic souffle (?)

Ninth ,, —Uterus to ensiform cartilage.

Tenth ,, —Sinking of uterus to 8th week position.

The foregoing signs of pregnancy can be divided into three classes—doubtful, probable and certain—and can be classified accordingly.

Doubtful	*Probable*	*Certain*
Nausea	Breast changes	The fœtal parts
Salivation	Internal ballotment	The fœtal heart sounds
Pigmentation	Blue colour of vagina	Movement of fœtus
Longings	Enlargement of uterus	Funic souffle
Increased pulsation in lateral fornix	Softening of lower uterine segment	
Amenorrhœa	Occurrance of intermittent contraction	
Enlargement of abdomen	Uterine souffle	
	Hypertrophy of uterus	
	Quickening	

In the *Raghuvamsa* of Kalidasa the Padyacudamani Buddha ghosa, and in the Buddhacarita of Asvaghosa we have graphic accounts of the signs of pregnancy.

श्रीरघुवंशः ।

तृतीयः सर्गः ।

अथोत्सिक्तं भर्तुरुपस्थितोदयं सखीजनोहीक्षणकौमुदीमुखम् ।
निदानमिक्ष्वाकुकुलस्य सन्ततेः सुदक्षिणा दौहृदलक्षणं दधौ ॥ १ ॥
शरीरसादादसमग्रभूषणा सुखेन सालक्ष्यत लोध्रपाण्डुना ।
तनुप्रकाशेन विचेयतारका प्रभातकल्पा शशिनेव शर्वरी ॥ २ ॥
तदाननं सस्मुरभि क्षितीश्वरो रहस्युपाघ्राय न तृप्तिमाययौ ।
करीव सिक्तं पृषतैः पयोमुचां शुचिव्यपाये वनराजिपल्वलम् ॥ ३ ॥
दिवं मरुत्वानिव भोक्ष्यते भुवं दिगन्तविश्रान्तरथो हि मत्कुलः ।
अतोऽभिलाषि प्रथमं तथाविधे मनो बबन्धान्यरसान् विलङ्घ्य सा ॥ ४ ॥
न मे क्रिया शंसति किञ्चिदीप्सितं स्पृहावती वस्तुषु केषु मागधी ।
इति [illegible] ॥ ५ ॥

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उपेत्य सा दोहददुःखशीलतां यदेव वव्रे तदपश्यदाहृतम् ।
न ह्रीष्टमस्य त्रिदिवेऽपि भूपते रभूदनासाद्यमधिज्यधन्वनः ॥ ६ ॥
क्रमेण विस्तीर्य्य च दोहदव्यथां प्रचीयमानावयवा रराज सा ।
पुराणपत्रापगमादनन्तरं लतेव सन्नद्धमनोज्ञपल्लवा ॥ ७ ॥
दिनेषु गच्छत्सु नितान्तपीवरं तदीयमानीलमुखं स्तनद्वयं ।
तिरश्चकार भ्रमराभिलीनयोः सुजातयोः पङ्कजकोशयोः श्रियम् ॥ ८ ॥
निधनेगर्भामिव सागराम्बराम् शशीमिवाभ्यन्तरलीनपावकाम् ।
नदीमिवान्तःसलिलां सरस्वतीम् नृपः ससत्वां महिषीममन्यत ॥ ९ ॥
प्रियानुरागस्य मनःसमुन्नते र्भुजार्जितानां च दिगन्तसम्पदम् ।
यथाक्रमं पुंसवनादिकाः क्रियाः धृतेश्च धीरः सदृशीर्व्यधत्त सः ॥ १० ॥
सुरेन्द्रसावान्निभगर्भगौरवात् प्रयत्नमुक्तामनया गृहागतः ।
तयोपचाराङ्गलिखिन्नहस्तया ननन्दपरिस्रवनेत्रया नृपः ॥ ११ ॥
कुमारभृत्याकुशलैरनुष्ठिते भिषग्भिरात्रेरय गर्भवर्मणि ।
पतिः प्रतीतः प्रसवोन्मुखीं प्रियां ददर्शकाले दिवसभितामिव ॥ १२ ॥

We translate the above couplets as follows :—

1. Now Sudakshina showed signs of pregnancy, which was a thing much longed for by her husband, whose success was at hand, which was pleasing to the eyes of her companions, as it were the rise of moonlight and which was the first cause of the offspring of the race of Ikshvaku.

2. Not completely ornamented with jewels, on account of the emaciation of the body, with her face pale yellow like the Lodhra (flowers) she appeared like the night, nearly dawned, in which the stars could be counted with the feeble light qualities of the moon.

3. The king (who) smelt in secret her earth-fragrant mouth did not get satiety (with the inhaling) like an elephant wet with drops from the clouds who smells a pond of the forest-range at the end of summer.

4. Her son, whose car shall rest at the extremities of the cardinal points and would stop only at the farthest limits, shall enjoy the earth as Indra enjoys heaven. Therefore she fixed her mind first on such a desire as appetite for cakes of earth, giving up other flavours.

5. The Lord of North Kosala constantly asked the companions of the beloved queen ; the Princes of Magadha does not inform me, through shame, of anything of her longing ; "Of what things is she desirous" ?

6. Having fallen into the troubles of pregnancy, whatever she chose, she saw that (promptly) brought to her ; the desired object

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was not even in heaven, unobtainable by the king, whose bow had the string applied to it.

7. Having slowly got over the troubles of pregnancy, as her limbs having waxed stouter, she began to look beautiful like a creeper endued with beautiful new leaves on the destruction of the old leaves.

8. As days rolled on, both of her breasts with the tips a little dark grew very stout and thus excelled the beauty of a pair of well-formed lotus-buds with black bees attached to them.

9. The king considered the encient queen like the sea-girt earth with treasure in her womb or like the Shami tree with fire lurking within or like the river Saraswati with water within her bed underground.

10. The wise King solemnized in due order the (various) ceremonies beginning with Pumsavana, the ceremonies proper in pregnancy, for the birth of a son (in a manner) equal to the love he had for his wife, equal to the greatness of his mind and the wealth acquired by his arm to the extremities of the quarters, as also suited to the delight at the prospect of having a son.

11. The king having come home was delighted at the sight of her getting up from her seat with difficulty by the weight of the uterus containing portions of divine rulers, with the palms exhausted by joining in acts of adoration and with her eye unsteady.

12. The King was pleased to behold at the proper time his wife about to be delivered like the sky beclouded, after having been carefully attended to the sustenance of the fœtus by skilful physicians expert in the treatment of infants.

पद्यचूड़ामनौ

तृतीयः सर्गः ।

अथोदयं शाक्यमहीपतिनामानन्दमालोजनलोचनानाम् ।
आश्वासनं सज्जनमानसानामाधत्त सा दौहृदालङ्कृतार्या ॥ १ ॥
विवर्धमानेन च मध्यमेन श्यामायमानेन च चूचुकेन ।
गर्भोदयोऽमूदलसेचनाया स्तस्याः सखीनामनुमानगम्यः ॥ २ ॥
महासुनीनामपि मननीये गर्भत्वमातस्थुषि वेधिसत्त्वे ।
मध्यस्तदौयो मनसोऽपि सूक्ष्मः प्रियादि च स्फीततरो बभूव ॥ ३ ॥
यथा यथा वृद्धिमवाप तस्या मध्यं महिम्ना महनीयमूर्त्तेः ।
तथा तथा दक्षिणबाहुनापि मनस्यपप्रीतवशास्य भर्तुः ॥ ४ ॥

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स्तनद्वयस्यायममूद्विवर्णं साकं सपत्नीवदनेव तस्याः ।
किंचाननं गर्भभरालसस्याः कीर्त्या समं पाण्डुरमास भर्तुः ॥ ५ ॥
अन्तर्गतस्याङ्गुतविक्रमस्य विश्वत्रयीविस्मयनीयमूर्त्तेः ।
प्रतापवह्नेरिव धूमजालैस्तस्याः स्तनः श्यामसुखो बभूव ॥ ६ ॥
तस्याः स्तनद्वन्द्वमनिन्दिताङ्ग्याः श्यामं शिखायामवशेषपाण्डु ।
तटाभिघातक्षतपङ्कमुद्रामाधत्त नागाधिपकुम्भलक्ष्मीम् ॥ ७ ॥
ह्रद्वा वितेनुर्विविधौषधीभिः पुत्रस्य रक्षामुदरस्थितस्य ।
सैव स्मरोपद्रवपीड़ितानां बभूव रक्षा भुवनत्रयाणाम ॥ ८ ॥
पुण्ये मुहूर्त्ते गुरुहृत्तलक्ष्मीः कुलानुरूपं गुरुगर्भवत्याः ।
यथाक्रमं पुंसवनादि कृत्यं निवर्त्तयामास नृपो महिष्याः ॥ ९ ॥

We translate the above slokas as follows :—

1. She showed signs of pregnancy which secured prosperity to the king of the Sakya race, was pleasing to the eyes of her companions, and fulfilled the hope of all good-intentioned men.

2. Her companions inferred her pregnancy from the enlargement of the mid-part of her body, by the bluish discoloration of her nipples, and by the dullness of her eyes.

3. On the lodgement of Bodhisattva, the object of adoration by the great sages, in her womb, the mid-part of her body, more slender than mind, became enormonsly enlarged through joy on account of her pregnancy.

4. The parts of the body of the adorable queen which became emaciated through sorrow for not having a son, gradually grew stouter.

5. Like the faces of the rival-wives, the nipples of her breasts became discoloured ; her face due to lassitude caused by the weight of the womb became white, the emblem of glory.

6. Inside her womb was the body of amazing power, wondered by men of the three worlds ; the nipples of her breasts became bluish just like smoke issuing from a blazing fire.

7. Of the exquisitely beautiful members of her body, the nipples of her breasts showed bluish discoloration, the rest being white ; it thus resembled the beauty of the hump of Airavata elephant, adorned with marks of mud due to its striking the shore by its tooth.

8. The old women protected the boy in her womb by means of various kinds of drugs ; the people of the three worlds were thus rescued from the affliction of the Cupid.

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In an auspicious moment the king whose fortune was like that of Indra, on the enlargement of her womb, performed the rites in order, beginning with the ceremony of Pumsavana for his queen, as observed in his family.

The description Asvaghosha in his Buddhacarita has been translated in the *Sacred Books of the East*.

Duties of Women after conception.

When these symptoms appear, she should abstain from severe labour, fastings, eating insufficient and non-nutritious dietary, articles of food which are indigestible, or too sour or too hot, liquour in any form, and meat diet; sleep during the day, night-keeping or late hours, driving in the carriages, and fear; unnatural postures, excessive use of oily substances, bleeding, and inclination to stop the natural functions of the body. She must not wear red clothes, as evil spirits are induced thereby to take possession of her. If any part of the pregnant woman be injured by injury, or in any way affected by the *dosas*, namely *vayu*, *pitta* or *kapha*, the corresponding part, the homologous member in the body of the child, suffers in a similar manner. Her desires should be fulfilled, her cravings satisfied, otherwise the child would die by the operation of the eccentric *vayu* in the womb of the mother. So if she insists for any injurious articles of food, such food should he given in moderation and mixed with wholesome articles of diet.

Effect of unsatisfied cravings in women—

If her wishes are not satisfied, the fœtus becomes hunch-backed, or maimed, or lame, or idiot, or dwarf, or blind, or squint-eyed. Therefore the wishes of the mother should be satisfied during her pregnancy for then only the son becomes strong and long-lived.

दौर्हृदविमाननात् कुब्जं कुणिं खञ्जं जड़ं वामनं विकलाङ्गमनघं वा नारी सुतं जनयति। तस्मात् सा यद्यपीच्छेत्तत्तस्यै दापयेत्। लब्धदौर्हृदा हि वीर्य्यवन्तं चिरायुषञ्च पुत्रं जनयति।

Predictions from cravings :—

During pregnancy, whatever she wants must be given, for then she gives birth to a noble son. If her wishes remain unfulfilled, she becomes afraid for her child as well as for herself. The child suffers from diseases of those organs of sense, the cravings of which in the mother remain unsatisfied. If she axpresses a desire to see the king that predicts a very fortunate and rich son. If she wishes for silk and linen clothes or ornaments, it foretells a good-looking son fond of ornaments and clothes. If she expresses her inclination for going

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to the abodes of the Rishis, it indicates that the son will be religious and master of his passions. If she hankers after seeing the idols of the gods, the son will be a reputed man of society. If she wishes to see the snakes, the son will be envious. If she likes to eat the flesh of *godha* or iguana, the son will be sleeply and of fixed determination. If she gives preference to beef, the son will be strong and painstaking. If she wants the flesh of buffalo, the son will be hairy, red-eyed, and heroic. If pork is preferred, the son will be heroic but sleepy. If she wants to eat flesh of animals noted for their high speed in running, the son will roam in the forest. If she demands the flesh of *srimaya*, a species of deer, the son will be anxious, and if for *tittira* bird, the son will be timid. In short, the son will be of the same character as the animal, the flesh of which she likes to eat during her pregnancy.

इन्द्रियार्थांस्तु यान् यान्सा भोक्तुमिच्छति गर्भिणी।
गर्भावाधक्षयात्तांस्तान् विषमाहृत्य दापयेत्॥
सा प्राप्तदौर्हृदा पुत्त्रं जनयेत गुणान्वितं।
अलब्धदौर्हृदा गर्भैर्लभेतात्मनि वा भयं॥
येषु येष्विन्द्रियार्थेषु दौर्हृदं वै विमानना।
प्रजायेत सुतस्यार्त्तिस्तस्मिंस्तस्मिंस्तथेन्द्रिये॥
राजसन्दर्शने यस्या दौर्हृदं जायते स्त्रियाः।
अर्थवन्तं महाभागं कुमारं सा प्रसूयते॥
दुकूलपट्टकौशेयभूषणादिषु दौर्हृदात्।
अलङ्कारैषिणं पुत्त्रं ललितं सा प्रसूयते॥
आश्रमे संयतात्मानां धर्म्मशीलं प्रसूयते।
दैवताप्रतिमायान्तु प्रसूते पार्श्वदीपनं॥
दर्शने व्यालजातीनां हिंसाशीलं प्रसूयते।
गोधामांसाऽशने पुत्त्रं सुषुप्सुं धारणात्मकं॥
गव्यं मांसं च बलिनं सर्व्वक्लेशसहन्तया।
महिषे दौर्हृदाच्छूरं रक्ताक्षं लोमसंयुतं॥
वराहमांसात् स्वप्नालुं शूरं सञ्जनयेत् सुतं।
मार्गातिक्रान्तजङ्घालं सदा वनचरं सुतं॥
ऋष्यादिग्रसनं नित्यभीतं च तैत्तिरात्।
अतोऽन्यकेषु या नारी समभिध्याति दौर्हृदं।
शरीराचारशीलैः सा समानं जनयिष्यति॥
कर्म्मणा चोदितं जन्तोर्भवितव्यं पुनर्भवेत्।
यथा तथा दैवयोगाद्दौर्हृदं जनयेत् हृदि॥

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Determination of sex :

1. If the semen is in excess, a male child is formed ; if the blood be in excess, a female fœtus is developed. If the semen and the blood be equal in strength, a eunuch is the result. The menstrual blood remains up to the twelfth day. Some say that blood may not be seen during a menstrual period.

2. It has been said that conception, if it occurs on even days, produces a male child, and if it occurs on the odd days during the menstrual period, a female child is the result. Therefore any one who is desirous of offspring must copulate with his wife during the menstrual time.

युग्मेषु तु पुमान् प्रोक्तो दिवसेष्वऽन्यथाऽबला ।

Susruta Samhita, III, ch. iii.

Development of the Foetus.—

Sir Wm. Jones writes : "In the Veda itself, I found with astonishment an entire Upanishad on the internal parts of the human body ; with an enumeration of nerves, veins, arteries, a description of the heart, spleen and liver and various disquisitions on the formation and growth of the fœtus. (See his *Discourse*, xi. Vol. I, p. 162).

Non-medical versions,—

We have two *Upanisads* which describe the anatomy of the human body and the development of the fœtus, *viz.*, *Garbhopanisad* and *Sariropanisad*. Mss.—C. S. C. C. and Vol. I. Pp. 374—75.

In the *Garuda Purana* the fœtal development is described in detail (*Ch.* vi).

5. The creature in obtaining a body, according to *karma*, the divine eye, enter the womb of a woman which is the receptacle of man's seed.

6. In one night it became a lump ; by the second night round ; by the tenth night like the fruit of the jujube tree, and after that an egg of flesh.

7—8. By the first month the head, by the second the arms and other parts of the body are formed ; by the third occurs the formation of nails, hair, bones, skin, organs of generations and other cavities.

By the fourth the seven bodily fluids ; by the fifth hunger and thirst arise ; by the sixth, enveloped by the chorion, it moves to the left of the womb.

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9. The bodily substances are formed of the foods and liquids of the mother; and the creature at the time of the birth lies in the disgusting hollows of the loins, amid tubes of fæces and urine.

11. Thus enveloped by the womb and bound outside by the sinews, it feels pain all over its body, caused by the mother's eating many things :—pungent, bitter, hot, salt, sour, and acid.

12. With its head placed in its belly and its back and neck curved, it is unable to move its limbs,—like a parrot in a cage.

15. From the beginning of the seventh month, though he gains consciousness, he who is in the womb trembles and moves about because of the parturition winds, like a uterine worm.

24. He who has been ten months in the womb endowed with insight, suddenly is cast out head downwards into birth, by the wind of delivery.

25. Cast out forcibly, bending down his head, he comes out with anxiety and painfully breathless and with memory destroyed.

26. Having fallen on the ground he moves like a worm in excrement. He is become changed in condition, and cries loudly, deprived of knowledge.

In the Sanskrit-Tibetan-English Vocabulary we find the names of the several degrees of the formation of the human body.—

1.	Kalala	...	the fœtus
2.	Arbuda	...	the fœtus hardened like mud.
3.	Pesi	...	the fœtus transforming itself into flesh.
4.	Ghana	...	the fœtus solidified.
5.	Prasakha	...	the formation of the feet and hands
6.	Vayas	...	age, the several degrees of age.
7.	Garbharupa	...	child, or the embryo's form
8.	Bala	...	child-infant.
9.	Ladica	...	child, boy.
10.	Kumara	...	young, adolescent.
11.	Taruna	...	a youth, a lad.
12.	Yuvan	...	adolescent, a young man.
13.	Yuvaka	...	adolescent, grown upto a young man.
14.	Dahara	...	do. do.
15.	Yuvati	...	a maid, a virgin, a girl, a young woman.
16.	Kumari	...	do. do.

Development of the fœtus—Medical Version :—

During the first month, the *kalala* or membrane is formed. In the second month, the germs in the semen and blood become

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condensed by the cold and hot *vayu*. If the condensed mass assumes a round shape, a boy, if elongated like a muscle, a girl, and if like a tumour, a eunuch is born. In the third month, five nodules appear, the rudiments of the four extremities and the head. In those nodules are seen, if carefully examined, the different members of the human body in an undeveloped condition. In the fourth month, all the parts of the body unmistakably manifest themselves,—the foetus becomes strong, the mother's body becomes heavier, and consciousness in the child can be detected. The seat of consciousness or intelligence is in the heart which is formed in the fourth month, and the other sense—organs of the foetus try to perform their functions. During this period the mother is said to prossess two hearts, her own heart and that of the fœtus and so the *Douhrida* or the ceremony of two hearts is performed.

तत्र प्रथमे मासि कललं जायते। द्वितीये शीतोष्मानिलैरभिप्रपच्यमानानां महाभूतानां सङ्घातो घनः सञ्जायते यदि पिण्डः पुमान् स्त्री चेत् पेशी नपुंसकञ्चेदर्बुदमिति। तृतीये ह्यस्तपादशिरसां पञ्च पिण्डका निर्वर्त्तन्तेऽङ्गप्रत्यङ्गविभागश्च सूक्ष्मो भवति। चतुर्थे सर्व्वाङ्गप्रत्यङ्गविभागः प्रव्यक्ततरो भवति गर्भहृदयप्रव्यक्तभावाच्चेतनाधातुरभिव्यक्तो भवति कस्मात्तत्स्थानत्वात्तस्माद्गर्भश्चतुर्थे मास्यभिप्रायमिन्द्रियार्थेषु करोति द्विहृदयाच्च नारीं दौर्ह्रदिनीमाचक्षते।

In the fifth month, the mind of the foetus is formed. The muscles and the blood of the fœtus become well-nourished; and the mother becomes thin in consequence. In the sixth month, the foetus may be said to possess the power of intellect; and the strength and colour of the foetus improve.

In the seventh month, all the parts of the body become fully formed; the mother assumes an anxious and weary appearance. In the eighth month, the fœtus becomes restless and full of *oja*, the element of vitality; for had it not been the fact, a child born at the eighth month could not have lived due to want of vitality.

पञ्चमे मनः प्रतिबुद्धतरं भवति। षष्ठे बुद्धिः। सप्तमे सर्व्वाङ्गप्रत्यङ्गविभागः प्रव्यक्ततरः। अष्टमेऽस्थिरो भवत्योजस्तत जातस्यैन्न जीवेन्निरोजस्त्वान्नैर्ऋतभागत्वाच्च ततो बलिं मांसौदनमस्मै दापयेत्। नवमदशमैकादशद्वादशानामन्यतमस्मिञ्जायते। अतोऽन्यथा विकारी भवति।

An exchange of oja takes place from the mother to the fœtus and *vice versa*. So the mother becomes blanched and flushed alternately. In this month the *oja* is very volatile, and so the fœtus is to be carefully watched. In the eighth month, the mother should be given rice with flesh.

मातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाड़ी प्रतिबद्धा सास्य मातुराहाररसवीर्य्यमभिवहति। तेनोपस्नेहेनास्याभिवृद्धिर्भवति। असञ्जाताङ्गप्रत्यङ्गप्रविभागमनिषेकात् प्रभृति सर्व्वशरीरावयवानुसारिणीनां रसवहानां द्वियंगतानां धमनीनामुपस्नेहो जीवयति।

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Time of Delivery :—

In the ninth month delivery takes place generally, but it may be prolonged to the tenth month and rarely to the eleventh or twelveth month. According to Susruta, if the delivery takes place beyond these periods, the pregnancy is said to be abnormal. Caraka says that the ninth or the tenth month is the proper time of delivery; beyond that period, the term of pregnancy is abnormal.

The Fœtus.—

In the Vedic literature we find the following information as regards the fœtus and its membrane. "The embryo enters the womb" (*Sp.* 11, 3, 1, 3 and 4). "The embryo also are, as it were, enveloped and they live without taking food" (*ibid*). "One does not see the child in the womb in its proper shape" (*Sp.* viii. 1, 1, 19). "The embryos have their hands closed" (*Sp.* iii. 2, 1, 6). "The embryo moves about within the womb. The embryo moves about, now turns round and now back" (*Sp.* iii. 1, 3, 28). "Her own womb does not injure the offspring" (*Sp.* iii. 3, 1, 31). "Only as long as the child is within the womb does the womb enlarge, and so long indeed the growth of the unborn child here lasts" (*Sp.* x. 2, 3, 6). "When the child is born, then there is breath. And as long as it is not born, it breathes in accord with the mother's breath ; but when he is born, then he thereby puts breath into it (*Sp.* ii. 2, 1, 10). "Because the embryos are lying in the womb with their heads turned downwards and thus they are born (the head first coming out of the womb),—because the embryos have their hold in the middle of the womb (*Ait. Br.* iii. 20).

Sometimes a child is born with its teeth. The occurrence is said to be highly inauspicious. In later times, there were performed religious expiations, *Santi or* peculiar rites for averting the evil effects supposed to arise when a child was born with its tooth or when dentition appears prematurely early in a child. See D. C. S. (Madrass Mss. No. 14439, 14475, 14476 on *Sadantajanana santi*.)

Viable Child.—

"Six months' embryos are the last that live when born." (*Sp.* ix. 5, 1, 63).

The modern opinion is.—"After the twenty eighth week, it is considered to be viable, *i.e.* capable of being reared"

JELLET—*short practices* of *Midwifery*, 8th Ed. p. 20.

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Placenta.—

In the *Atharvaveda* I. ii. we have a hymn for successful delivery, In it the after-birth is described as slimy and spotted. Its attachment to the uterus is described as not stuck in the flesh, not in the fat, not in the marrow." The after-birth is also attached to the child by means of cord (the umbilical cord) ; and the prayer is to separate the boy from the after-brith in delivery. Evidently the hymn refers to delayed expulsion of the placenta which sometimes happens in difficult labour.

Amnion and Chorion.—

The fœtus is said to have been enveloped by two membranous structures—inner and the outer membranes—the amnion and the chorion—the inner caul and the outer caul (*Sp.* v. 3, 5, 20 and 21), "The amnion is nearest to the embryo" (*Sp.* iii. 2, 1, 11 and "it lies under the outer membrane." Its smell is said to be putrid. The inner membrane does not injure the embryo and it is from the inner membrane that who is born is born." (*Sp.* vi. 6, 2, 13). The outer membrane is on the outer side of amnion. The position of the embryo and its relation to the membranes and the womb can be shown diagramatically thus :—

Uterine Wall—Chorion—Amnion—Embryo.

In *Sp.* vi. 6, 2, 16 we find the relative position thus described : "The body is outside, and the womb inside ; the womb is outside, the outer membrane inside ; the outer membrane is outside, and the inner membrane is inside ; the inner membrane is outside and the embryo is inside." And again in *Sp.* vii. 1, 1, 16 : "The womb is outside, the amnion inside ; the amnion is outside and the seed inside."

Liquor Amnii.—

"Inside the amniotic cavity is water and this water encloses the offspring" (*Sp.* v. 3, 4, 11).

Position of the Embryo.—

The position of the embryo in the membranes is indicated in the *Sp.* iii. 2, 1, 29 : "The open part of the membrane is upwards, for it is in this way that the womb bears the embryo."

The Umbilical Cord.—

The umbilical cord is said to be a triple one, because food is three-fold ; moreover the father and mother are two, and that which

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is born is a third ; hence it is a triple cord" (*Sp.* iii. 2, 1, 12). The vessels of the umbilical cord are at birth two arteries and one vein.

Fœtal circulation.—

There is communication between the umbilical cord of the fœtus and the maternal circulation through the placenta. The chyle of the mother's food and the vitality of the mother pass through this channel into the fœtus. That oily substance chyle helps the growth of the fœtus in the womb. From the time of the secretion of milk in the mother's breast, the chyle of the mother's food flows through these vessels and by its circulation through the whole body of the fœtus gradually nourishes and developes the different members of the fœtal body.

Opinions of the sages as to the part of the body that is formed first.—

Saunaka says that the head is the first formed part of the body for the head is the origin of the body and the senses. *Kritabirya* says that the heart is the organ first formed ; for it is the seat of the mind and intellect. *Parasara* says that the navel is the part first formed, for thence proceed all the vessels which help the growth of the body. *Markandeya* says that the extremities are formed first, for they are the cause of all intra-uterine movements of the fœtus. *Gautama* says that the middle part of the body or the trunk is formed first for thence originate all the parts of the body. But *Dhanvantari* says that all these theories are not reasonable. His opinion is that all the parts of the body are formed simultaneously ; but all the parts are not perceptible like the young plants in the germination of the mango and bamboo, for their minuteness. Just as a mango becomes ripe, we can distinguish the pulp, the stone, and the seed separately, but when the fruit is just formed, the separate parts are not visible to us, but are developed in time. Similarly in the fœtus, during the early days of its existence, though the members of its body are not seen, the parts are really there, but are concealed from our view for their minuteness, and are gradually developed in time.

गर्भस्य हि सम्भवतः पूर्व्वं शिरः सम्भवतीत्याह शौनकः शिरोमूलत्वाद्देहेन्द्रियाणां । हृदयमिति कृतवीर्य्यो बुद्धेर्म्मनसश्च स्थानत्वात् । नाभिरिति पाराशर्य्यस्ततो हि वर्द्धते देहो देहिनः । पाणिपादमिति मार्कण्डेयस्तन्मूलत्वाच्चेष्टाया गर्भस्य । मध्यशरीरमिति सुभूतिर्गौतमस्तन्निर्म्मङ्गत्वात् मध्यगात्रसम्भवस्य । तत्तु न सम्यक् । सर्व्वाङ्गप्रत्यङ्गानि युगपत् सम्भवन्तीत्याह धन्वन्तरिर्गर्भस्य सूक्ष्मत्वान्नोपलभ्यन्ते वंशाङ्कुरवत् चूतफलवच्च । तद्यथा । चूतफले परिपक्वे वेशरमांसास्थिमज्जानः पृथग् दृश्यन्ते

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कालप्रकर्षात्तान्येव तरुणे नोपलभ्यन्ते सूक्ष्मत्वात्तेषां केशरादीनां कालः प्रव्यक्ततां करोति। एतेनैव वंशाङ्कुरोऽपि व्याख्यातः। एवं गर्भस्य तारुण्ये सर्व्वेष्वङ्गप्रत्यङ्गेषु सत्स्वपि सौक्ष्म्यादनुपलब्धिः। तान्येव कालप्रकर्षात् प्रव्यक्तानि भवन्ति।

The sources of the different members of the fœtal body.—

The sources are : the father, the mother, the chyle, consciousness, *satya* quality, and the qualities of life. The hairs of the body, bones, nails, teeth, vessels, nerves, ligaments, semen and other hard structures of the body are paternal structures ; the muscles, blood, fat, marrow, navel, liver, spleen, intestines, rectum and other soft structures are maternal in their origin. The growth of the body, strength, colour, stability and decline are formed from the chyle. The five senses, knowledge, life, happiness, and sorrow are the products of the conscious spirit. The qualities formed from the *sattva* will be described under the different types of men. Heroism, colour, strength, health and intellect are the qualities formed of the *Satmya*.

तत्र गर्भस्य पित्तजमात्तजरसजात्मजसत्त्वजसात्म्यजानि शरीरलक्षणानि व्याख्यास्यामः। गर्भस्य केशश्मश्रुलोमास्थिनखदन्तसिरास्नायुधमनीरेतःप्रभृतीनि स्थिराणि पित्तजानि। मांसशोणितमेदोमज्जान्त्राभियकृत्प्लीहान्त्रगुदप्रभृतीनि मृदूनि मातृजानि। शरीरोपचयो बलं वर्णः स्थितिर्हानिश्च रसजानि। इन्द्रियाणि ज्ञानं विज्ञानमायुः सुखदुःखादिकञ्चात्मजानि। सत्त्वजानान्तरं वक्ष्यामः। वीर्य्यमारोग्यं बलवर्णौ मेधा च सात्म्यजानि।

Indications for the sex of child and twins.—

If milk is formed in the the right breast first, if the right eye becomes larger, if the right thigh more bulky, if she likes objects having names in the masculine gender or sterner sex, if she dreams about the the lily, lotus, *amrataka*, etc., if the facial expression of the mother becomes jolly, and the natural colour brightens, then a son is expected. If the opposite signs are detected, then a daughter will be born. A daughter is expected if the mother faints, becomes timid, anxious, unskilful, restless, sympathetic, feels heaviness in the lower parts of the body and complains of looseness in the joints of the body. If the sides of the mother's body become raised and the abdomen points forward, in addition to the previous signs already described, then a *droni* and if there be a *sulcus in the middle*, then a twin-birth is a certainty.

तत्र यस्या दक्षिणे स्तने प्राक् पयोदर्शनं भवति दक्षिणाक्षिमहत्त्वञ्च पूर्व्वञ्च दक्षिणं सक्थ्यात्कर्षति बाहुल्याच्च पुंनामधेयेषु द्रव्येषु दोहदमभिध्यायति स्वप्नेषु चोपलभते पद्मोत्पलकुमुदामातकादीनि पुंनामान्येव प्रसन्नमुखवर्णाश्च भवति तां ब्रूयात् पुत्रमियं जनयिष्यतीति तिद्विपर्य्यये कन्यां। यस्याः

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पार्श्वद्वयमुन्नतस्थूरस्तान्निर्गतमुदरं प्रागभिहितलक्षणं च तस्य नपुंसकमिति विद्यात्। यस्या मध्ये निम्नं प्रोणीप्रभृतमुदरं सा युग्मं प्रसूते इति।

If the pregnant woman honours the Devas and the Brahmanas, does good to others, and leads a pure life, then she becomes the mother of a qualified son. If she does not feel so inclined, the son will not be properly endowed with good qualities. The parts of the body develop by nature. If defects occur in them, these are undoubtedly due to the faults of the mother.

दैवताब्राह्मणपराः शौचाचारहिते रताः।
महागुणान् प्रसूयन्ते विपरीतास्तु निर्गुणान्॥
अङ्गप्रत्यङ्गनिर्वृत्तिः स्वभावादेव जायते।
अङ्गप्रत्यङ्गनिर्वृत्तौ ये भवन्ति गुणागुणाः।
ते ते गर्भस्य विज्ञेया धर्माधर्मनिमित्तजाः॥

Why no menstrual discharge occurs during Pregnancy.—

The uterus becomes closed during pregnancy by the fœtus and its membranes; and so the menstrual blood cannot pass downwards and show us as a discharge, but it is directed upward, helps to develop the breasts and forms milk, while a part of the blood stimulates the growth of the body.

Origin of organs.—

In the fœtus the spleen and the the liver are formed from the blood. The lungs are developed from its lather, and the appendix from its excretion. The essence of blood and phlegm, when boiled by the bile, and set in motion by the *vayu*, form the intestines. The essence of the products of digestion of the *dhatus* when moved by the *vayu* forms the bladder and anus. The tongue is formed of the essence of phlegm, blood, and muscles.

The vayu being heated enters the flesh through the vessels and transforms it into muscles and tendons. The vessels become transformed into nerves and ligaments. if they be united with the oily parts of the fat. The vessels are formed of partial, and the nerves and ligaments of complete, assimilation. During the conception of the body, the *dhatus* remain in distinct places—and these develop into the particular receptacles of the particular element. By the union of blood and fat the kidneys are formed. The scrotum and testicles from by the combination of the muscles, blood, phlegm and fat. The heart is formed of the blood and phlegm. All the vessels bearing life stream originate from it. Below the heart and to

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its left are the spleen and the lung ; and to its right are the liver and the pancreas. The heart is the seat of consciousness.

Pancabhautic Body :—

The man is composed of the five elements. The sound, the organs of hearing, the ears, the qualities of lightness, thinness and porosity are formed by the transformation of the ether. The organ and sensation of touch, sensation of roughness, motion, the *dhatus*, and the bodily excretions are the result of a similar process in the *Vayu*. The beauty, the organ of sight—the eyes, manifestation, digestion and animal heat are formed from fire. The taste, the organ of taste, the sensation of coldness, softness, oily substance and the excrements are formed of the earth. So the man is, like the other substances, composed of five elements. There exist in man, as many different substances as in the outer world. So man is a world in miniature—a microcosm.

On Pumsavana.—

This is a ceremony for male-production to be observed during gestation. In the *Atharva Veda* (vi. 1, 10) is a hymn obviously intended to accompany a rite aiming at securing the birth of a male child, and it is so applied in the ritual (*Kaus. Sutra*, xxxv. 8 ; Bloomfield *Av.* 460 ; Whitney *Av.* 288 , *Asva. Grhya-sutra* i. 13 ; *Sankha. Grhya-sutra* i. 20 ; Gobhila *Grhya-sutra* ii. 6, 1). I quote the *Av.* hymn :

For Birth of a Son.—

1. The Asvatha has mounted upon the Sami ; there is the mode for the generation of a male ; that verily is the obtainment of a son , that we bring into women.

2. In male indeed grows the seed ; that is poured along into the woman ; that verily is the obtainment of a son ; that Prajapati said.

3. Prajapati Anumati, Sinivali both shaped ; may he put elsewhere woman-birth ; but may he put here a male.

The ceremony is still practised in India. It is based on the belief that the sex of the fœtus may be changed from a female to male.

The Hindus always wish for a son, both on religious and economic reasons.

In St. John ch. 16, v. 21, Jesus Christ refers to "The joy of a woman at the birth of man child into the world."

It would seem that the works of Mellanby, McCarrison, Plimmer, and Marshall in Great Britain, and Dickinson in America, on the

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effects of food on reproduction and health, have clearly proved the value of food in determining conception and even the sex of the child.

The question naturally suggests itself;—Is it possible to change the sex of the fœtus? What determines the sex of the individual? Thus we are brought face to face to the scientific problem—What are the possible factors in sex-determination? From various experiments, scientists have been led to conclude that the amount and the quantity of food supply determine whether an embryo or larva becomes a male or female. Dr. Crew reported the result of some remarkable experiments during which he has been able to change hens into crowing cockerels. By requisite mating, he was able to find in the goats that an animal once possessing the functions of a female had undergone sex-metamorphosis and it functioned as a male. Among insects the sex-glands play no part in the modelling of the sex organization, but if the head of a male water beetle is transferred to the body of a beheaded female, that body assumes the characters of the female, for reasons not yet clearly understood. Among frogs there have been cases in which an adult female has become a functional male and has been the sire of a family consisting solely of daughters. It is possible to transform a male newt into a female by controlled feeding. In the cases of certain fishes it is the rule for about 50 per cent. of the young females to change over into male. At least one female pigeon is known to have undergone a complete sex transformation.

The primary difference between maleness and femaleness is simply a slight difference in metabolism. Without going deeply into the question here, we may take the tentative conclusions of Prof. Newcomb (1904):

"The sex is not absolutely determined at any one moment or by any one act, but is the product of a series of accidental causes, some acting in one direction and some in another, until a preponderance in one direction finally determines it. The statistics of twins and triplets seem to show very strongly that these accidents occur after conception."

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

Introduction.

The position of Astrology in the Sciences is unique. Its origin is so remote as to antidate all written records It has formed an important part in the life of every nation that has advanced beyond barbarism into civilization. It had been studied with enthusiasm not only by the ancient Hindus, but by all other civilized nations of the world *e.g.* the Egyptians, the Chinese, the Arabians, the Jews, the Babylonians and the Chaldeans in the East and every European nation in the West. It was studied in one long unbroken effort for thousands of years and engaged the most strenuous endeavours of the greatest intellect of every age that have adorned the human race.

A knowledge of Astrology was a necessary part of the equipment of all educated men in ancient times in the East as well as the West. It was an art of so paramount importance that authority after authority had declared it to be necessary for the proper practice of medicine and no medical man ignorant in Astrology was considered fully equipped for the task.

The following astrological directions are given in Ayurvedic books :

(1) Before proceeding to visit a serious case the medical man should ascertain the longevity of the patient by examination of the latter's horoscope.

(2) He should then compare whether himself and the patient are "in opposition", that is whether the position of the stars in the horoscope of the medical man will exert a beneficial influence or otherwise on the patient by comparing the two horoscopes.

(3) He should take into account certain omens in the person of the messenger as well as his own person for the time being and his surroundings.

(4) He should also take into account what sort of medicine would be most efficacious, regard being had to the time (the stars) under whose influence the herb was raised or collected.

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Finding that all these circumstances and conclusions are favourable to both the physician and his patient, the medical man will start at an auspicious moment to first visit the patient.

Critics of Ayurved express in very strong terms the refusal of ancient ayurvedists at times to see their patients. Their attitude will now become clear to every reasonable man.

In the old days, an ayurvedic physician was not considered fully equipped unless he was an astrologer, a yogi and further unless he was versed in all the then known physical and mental Sciences. A physician's knowledge was varied and education complete in its multifarions aspects.

ASTROLOGY AND ALCHEMY

These are the two subjects of study that afford an approximation in the history of development into two important modern Sciences. Alchemy was the forefather of modern chemistry just as Astrology was of modern Astronomy.

The principal objects of Alchemy was the discovery of the "philosopher's stone" (to transmute baser metals into Gold) and "Elixir of Life" by which youth and health should be perpetually preserved. These endeavours, which had been the object of scorn for so many years, are, curiously enough, now almost within the ace of success. Certain metals are now transmuted or transmute themselves. The elementary indivisible atom is now believed to be composed of Electrons. Matter is believed to be composed of crystalline energy, assuming peculiar forms under changed environments.

Regarding the search for the "Elixir of Life", Claude Bernard thought he fonnd it in the testicular extract. Metchnikoff thought that he found it in the Lactic bacilli. In our present day we are vigorously proceeding to find it out by various grafting and rejuvenating experiments and by transfusion of blood.

Ayurved had made a special study of the problem of Rejuvenation, the outcome of which is "Rasayan". They have also found out, as modern medicine has done, that all the various methods of rejuvenation are more or loss centred round the Sex glands and their internal secretion ("Ojha" of Ayurved).

So in these days of enlightenment and scientific progress, vigorous search is being made as in the old days to find out the "philosophers' stone" and "Elixir of Life". Astrology which was

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extinct in Europe in the last century is being slowly revived amongst the people of the West, specially in America.

Astrology is not extinct in India but attained in the course of ages a degree of elaboration and complexity which render it so very difficult to understand. Our Almanacs should be modified as the position of the stars have considerably changed (by consulting the Nautical Almanac) and some of the formulas should be modified. Astrology like Ayurved cannot move on old groves entirely.

The main factors in Astrology are :—

(1) The signs of the Zodiac.
(2) The planets.
(3) The Houses of Heaven.
(4) The Stars.

In medical astrology there is a 5th factor, viz. the relation of each of the above with the "Pancha Bhut" (Primordial Elements), the "Tridosh" (Vayu, Pitta and Kapha) and some other factors.

Strictly speaking, the houses of heavens correspond to the signs of the Zodiac except when the astrological indications of a house is considered with reference to "Lagna" (ascendant) which is the sign which rises in the east at the time of birth.

The Signs of the Zodiac (Rāsi)

These are 12 in number in both Hindu and European astrology as follows :—

Mesh	(Aries)	Tula	(Libra)
Brisha	(Taurus)	Brischik	(Scorpio)
Mithun	(Gemini)	Dhanu	(Sagittarius)
Karkat	(Cancer)	Makar	(Capricornus)
Singha	(Leo)	Kumbha	(Aquarius)
Kanya	(Virgo)	Min	(Pisces)

The Planets

Besides the seven planets from which the names of the seven days of the week are given, viz. Sani (Saturn), Rabi (Sun), Som (Luna), Mangal (Mars), Budh (Mercury), Brihaspati (Jupiter), Sukra (Venus), the Hindus have added two others viz Rahu (Dragon's head) and Ketu (Dragon's tail). Of the 4 planets added to the above in European astrology, viz. Uranus, Neptune,

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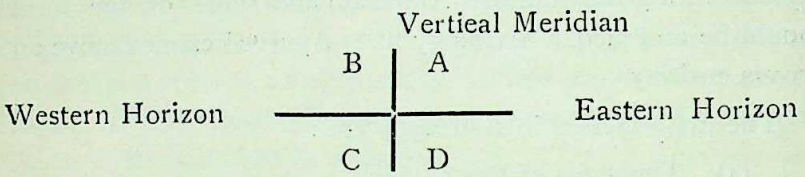
Pallas and Ceres, none of them were known to the ancient Hindus.

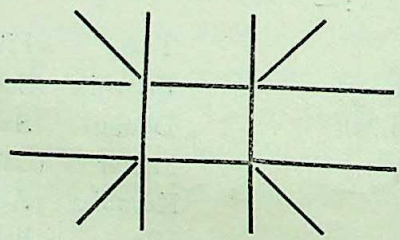
THE HOUSES OF HEAVEN.

These are twelve in number in both Indian and European Astrology. If we face the North Pole the Eastern horizon will be to our right and the Western to our left.



From the above figure it will be evident that the Eastern horizon and the vertical meridian enclose a quarter of the heavens marked A. Similarly the vertical meridian and Western horizon enelose another quarter marked B. These two quarters are situated above the horizon just as C and D are situated below. Each quarter is thus 90° and the four quarters make the complete circle of 360°.

If now we imagine each quarter of the heavens to be divided by three equidistant meridians enclosing 30° each, the heavens will be divided into 12 parts, six above and six below, whose starry contents are continually changing. For the stars have an "apparent" diurnal motion due to the diurnal motion of the Earth, while the horizon and meridians keep their places with respect to ourselves and do not move. These 12 divisions are the 12 houses of Heaven



Regarding the vertical meridian, European astrologers are divided. Some consider it as the line between two celestial poles, others consider it as the line between the Zenith and Nadir of the place. The former is the accepted view of the Indian astrologers.

(*To be continued*).

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Health and Hygiene

—:o:—

HOW TO KEEP FIT

BY A HARLEY-STREET SPECIALIST

Cause of Heat Stroke.

Heat stroke (which should not be confused with sunstroke) occasionally occurs during very hot summers in this country, but is unlikely for people in ordinary health.

During the heat of the day the body is cooled by evaporation of sweat from the skin, and of water in the lungs. If excessive call is made upon the sweat glands—as, for example, in the stokehold of a ship in the tropics—these may become so fatigued that sweating is checked, and so the body temperature rises. This is the way in which heat stroke occurs. Those unaccustomed to vigorous excercise are the most likely to suffer from heat stroke in England, as their sweat glands are untrained, and a journey in a closely-packed railway compartment or long walk in the heat of the day are the most likely excitining causes.

Treatment is immediate and repeated wetting of the skin with tepid water, which replaces the sweat without causing constriction of the superficial blood-vessels, the evaporation being hastened by fanning. Half a wineglassful of brandy or other strong alcoholic drink should be given as soon as possible.

The symptoms are pallor and unconsciousness, with rapid pulse occurring under the conditions above described. A diet consisting largely of vegetables and fruit is the best preventive and in any case a wise measure during hot weather, as it reduces the production of heat in the body. The eating of fat in any form should be reduced to a minimum at this season.

———

Golf Clothing

All that has been said of late on the subject of men's clothing, and especially the collar and tie, has failed to effect any change in their daily dress

There is one exception, however, which may encourage the hope that common sense is making a little headway. On some golf courses it is now not unusual to see one or two players going round on a hot day in flannels and a tennis shirt open at the neck.

Even so, the majority still go round in coats or pullovers. They are much too hot, and many come in dripping with sweat and jaded with the heat. This seems to be rather silly, and quite certainly is less healthy than an open flannel shirt.

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Lately in the illustrated papers we have seen reproductions of Victorian tournaments at Wimbledon displaying the absurd tennis costumes worn in those times. This is done for our amusement. Probably in a few years' time our golfers will be held up to similar ridicule.

Half the benefit to health of the fine, sunny weather is lost to them through this absurd clothing. Thefore the example set by the courageous few is well worth following.

Cause of Forgetfulness

At the present day it is becoming more and more common to hear people complaining of bad memory. The complaint is made by people of early middle sge, as well as by those of advanced years.

It seems not unlikely that this forgetfulness is the result of the stress of modern life and the rapidity with which fresh events, new experiences and the meeting of new people are crowded into each day.

Those who fear that this forgetfulness is due to some individual defect may console themselves, reflecting that the complaint is almost universal nowadays among very busy people. We may want to introduce an old friend to someone else and at the critical moment cannot remember his name which we have known and spoken for years, or perhaps we go upstairs to fetch some article and when we arrive there cannot remenber what we went for.

These sort of things occur generally at a time when we have been specially busy and pre-occupied. It is well to realise this because the fixed impression that we have a bad memory is hardly likely to improve it. A restful holiday is the most likely remedy for this complaint.

Youths Who Go "Soft"

Probably every generation of young men in the past has been criticised by its elders as being inferior to what they were when young.

It is a common weakness of older people we must admit, but surely it is permissible to say something about the number of soft youths who spend their leisure hours by day in soft pursuits and dance to jazz music until the early hours.

There is nothing laudable or hardening about dancing in a stuffy atmosphere until two o'clock in the morning several nights a week, when their officers claim the dancers at an early hour each day.

This kind of "endurance," which is simply burning the candle at both ends, turns what might have been a hardy young man into a soft person.

The fact is that night clubs have not been a successful form of recreation from the point of view of health.

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The right sort may frequent them occasionally, but the majority of patrons are physical failures, who are only setting a bad example to their betters.

Youth, as far as men are concerned, is the age for hard training and robust games. For these, Rugger is a better thing than jazz at a stuffy night club.

Cross-Country Running

Many boys, when they leave school to enter a city office, feel some anxiety as to how they can continue their athletic careers.

The idea of giving up games and becoming soft is a sad one to a boy who has been keen and successful at school. The greatest difficulty arises in the winter. Rugger is the ideal game, but there is great competition nowadays for places in the better teams, and it is not always possible for a junior in an office to get away regularly on Saturday in time to play "out" matches. Expense is another item.

To those in difficulty for one or more of these reasons, cross-country running offers a fine chance. It is inexpensive, and clubs meeting just out of town can be joined quite easily. There are many competitive events leading up to championship honours, and for those who wish to be very hard and fit it would be difficult to find a better athletic opportunity.

Long distance runners continue to compete successfully and healthfully to a surprisingly advanced age, and this fact shows that the sport is healthy and safe The holidays afford a good opporunity for getting fit for the start of the winter season.

Faults in Car Driving Seat

For the people who drive cars—especially over long distances—the arrangement of the driving seat is important because various ills arise from carelessness over this matter.

A common fault is to have too great a backward and downward slope in the seat, so that the hips of the driver are considerably flexed. This causes the front edge of the seat to press on the sciatic nerve of the right leg, which is constantly stretched forward to keep the foot on the accelerator. This is a frequent cause of sciatica.

This sitting position also puts the lower part of the spine in a bad position through the tilting of the pelvis. In addition to this, the chest is bent forward over the abdomen. This position displaces the stomach and causes dyspepsia when driving after meals, a symptom that many drivers experience.

The driver's seat should be firm. Soft cushions squash out of shape, and are certain to cause a bad sitting position. The backward and

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downward slope should be slight, and the back of the seat should be at right angles to the floor of the seat. The driver should sit well back against it so that the *lower part of the bak* is well supported. Failure of this support causes strain of the right hip and right-sided lumbago.

The Children's Holidays

Future generations my see a mistake in the way we work the brains of children in school, hour after hour every day.

Things are better than they were for the very young child, but for those of from ten to fourteen there is little relief. This is a period whem care should be takeu to allow the structure of the child's brain to develop restfully. Until this necessity is realised and impressed upon the schools, the opportunity provided by a long summer holiday must be utilised to the full.

The children should be out of doors all day and their natural craving for climbing and other primitive exercises should be given full play. In wet weather, cart sheds, barns, boat houses and such like places provide good shelter and are better than "indoors."

Above all, it should be remembered that relaxation and freedom from petty restriction are what they need, now that they are out of the school harness.

Characteristics by Imitation

In all of us certain characteristics are entailed from our ancestors. At the same time, there are many that are handed down to us from our parents by example. These characteristics are the more easily overcome as soon as we realise how we obtained them.

The sons of a degenerate father make a big mistake if they abandon themselves as hopeless on account of their ancestry. They should remember that they have a long line of ancestors who may, as a whole, balance the parental weakness.

This brings us to the statement that gout is not inherited—what is handed down is the gluttonous tendency that produces it. This reflection should help the few remaining victims of this disease to overcome it.

In Victorian days an astonishing proportion of men who could afford to overeat themselves suffered from acute gout, which they believed to be inherited. Now it is only common in a mildly chronic form, which is nevertheless harmful through its hardening effect on the arteries. The cure lies in eating less meat and sugar and more fruit and fresh vegetables.

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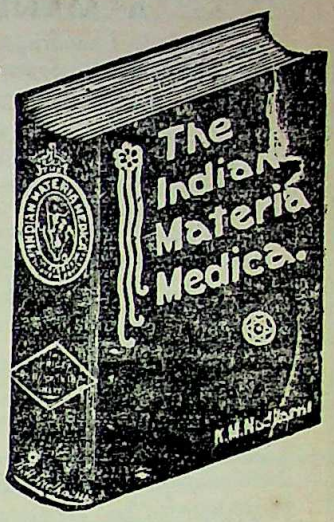

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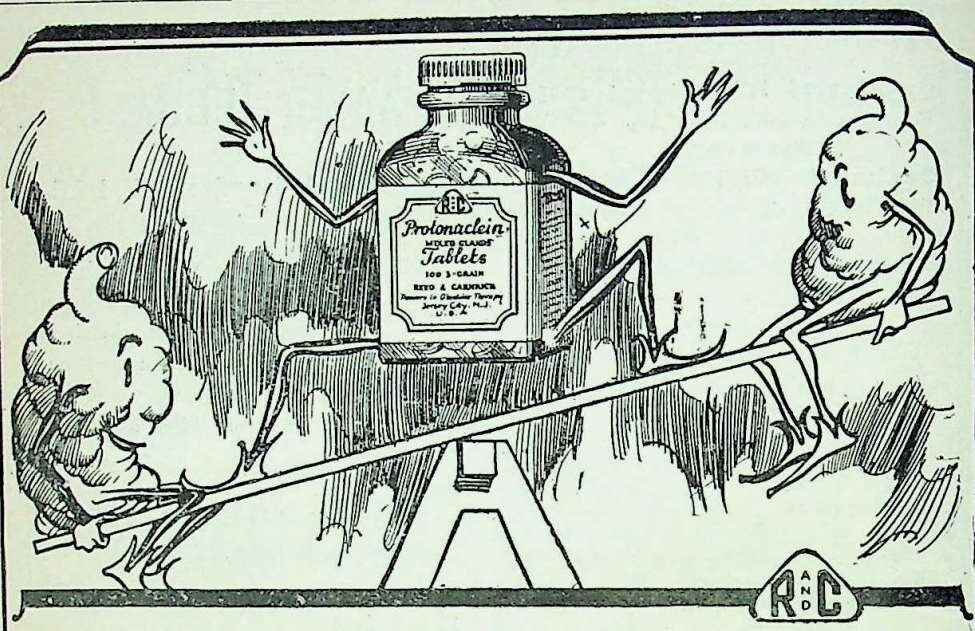

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THE JOURNAL OF AYURVEDA

Vol. VII.] October, 1930. [No. 4.

A Retrospect

We have said something about the newly inaugurated Drugs Enquiry Committee in our last issue and we are glad that our opinion is being endorsed in many quarters. The Indian Medical Association has recently passed, in its last meeting, a resolution apprehending mischief that may result as a sequel to the deliberations of this inopportune committee. The questionnaire supplied to us is published elsewhere in the current issue, so that our readers may be acquainted with it. From this it will appear that Ayurvedic medicines also along with the supposed spurious scientific preparations are in the trammels of the present enquiry. We would therefore like that the manufacturers of Ayurvedic or Indigenous medicines should join hands with those preparing B. P. and other proprietory medicines and fight the issue out, and we are sure that inspite of apparent differences, their opinions would coalesce, as the goal of both is the same, viz. the vindication of India's right to prepare and use medicines from drugs grown upon her soil, not only on economic grounds but also for the sake of health and efficiency.

In this connection, we have received a letter from Madras which says that the Committee there is engaged in taking evidence of medical men mostly in Government employ or of those who are losing grounds in the contest with skilled Kavirajes in spite of the formers' parade of learning and costly paraphernalia concomitant to modern scientific healing art. It is also complained that few or none of the Indigenous practitioners are being asked to

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give evidence before this humanitarian committee. The allegation, if true, may be grave indeed, specially in regard to the future of Ayurveda. Be that as it will, we are not very pessimistic as the formulas of Ayurvedic preparations are not secret and every genuine compound has got to be prepared according to the formula laid down in the books. There might be slight variations in efficacy or potency due to climatic or other influences but the preparations will be always the same, provided triturition, heating and other methods required for the preparation of the compounds are always uniform and similar.

Standardisation of drugs is no doubt good, but the question is where to look for the standard. If highly potentised drugs of Europe and America be taken as standards, then it will be doing a great disservice to the "public" of India in whose benefit the Committee is said to have been working. We have already pointed out in our last issue that the general public of India is constitutionally weaker than the general public of Europe and America. If a standard is to be maintained at all, it should be of lower potency. There might be a few exceptions, but that might be best taken care of by the medical men on the spot by increasing the dose where necessary.

The attempt to ban spurious drugs and secret medicines is not a new move. It has been tried everywhere in the world and we hear of an warfare amongst the different "paths" in America, but the beauty of the thing is that all the "paths" there are still holding their own. The newly born babe of the Mother Medicine, we mean "Homeopathy", has got an entrance even into England, the most conservative country in the globe. In Indian villages it is surprising to see ignorant and illiterate men administer secret ointments in cases of septic ulcers, gangrenes, bubos, erysepelas and even carbuncles with astonishing results which are far superior in effect to ointments prescribed by any "pathy". There is no

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gain-saying the fact that the question of the use of drug involves the question of life and death, but mere standardisation of drugs can never solve the problem fully. Man is the only animal that takes to medical aid when sick, whereas other animals are their own doctors ; in other words, they follow the dictates of their instinct when they are sick, but never do they require any standardisation.

According to the great Charaka, that which cures is a medicine and he who cures patients of diseases is a physician.

C. F. "तदेव भेषजमुक्तं यदारोग्याय कल्पते।
सचैव भिषग श्रेष्ठः रोगेभ्यः यः प्रमोचयेत्॥"

From the above couplet it will be seen that the view expressed by the pioneer of Indian medicine is very wide and free from all forms of sectarianism. In our opinion, the present outlook of the scientific medical science is rather too narrow in that it does not or is not ready to recognise other systems of healing art and its sponsors are always jealous of the rival practitioners of other systems. Mere high-s unding names of diseases, medicines and appliances do not constitute efficient treatment which requires many things more. As already remarked, medicines are not infallible and standardisation of drugs will not do away with the problem of protecting men aganist the onslaught of diseases. Drug is merely a minor weapon in the armoury of a physician to treat a patient.

Besides, there is the other side of the shield which the authorities appointing the committee have conveniently forgotten. Admitting that standardisation of B. P. drugs will enable the physician to treat his patient efficiently, it may be partinently asked as well whether it is better to prevent than to cure. Again, it is a medical truth that the action of a drug is entirely dependent on the condition of the patient. There is no denying the fact that even the most potent drugs fail to act in dying ormoribund patients. So mere potency of a drug does not help the physician

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in these cases in the least. Nature failing, medicine is useless. Diet, of course suitable and nutritious, plays a great part in the treatment of diseases According to all medical sciences, about 50 percent of diseases can be cured by proper dietetic treatment and good nursing without the help of medicine. Again, a great majority of diseases including epidemics may be avoided by proper hygienic principles coupled with proper nourishment.

From the above remarks, it will come home to every body that the value of medicine in the question of life and death is not much. Almost all the common diseases of India, such as Malaria, Kala-Azar, Cholera, Small-pox, Plague etc, may be stamped out or prevented by proper sanitary methods and course of other diseases cut short by increasing natural power of resistance by proper food, i.e. by solving the economical problem of the people, and when these are done, medicines will not have much demand and people of India will be better off and more efficient with a longer span of life. Without attempting to solve these important aspects of Indian life, the enquiry into the potency of different drugs sold in the Indian market seems to be selecting the wrong course. The present grave economic condition of the country resulting in suicides in some cases points clearly to the authorities the line of action to be taken up urgently. Instead of doing things that are sure to save people from the clutches of diseases, the inception of an enquiry of the present nature seems to be something like putting the cart before the horse.

Drugs are not necessaries of life, they are used when one is forced to do so. Improve the vitality of the people and give them the benefit of healthy living with proper food and amenities of life and use of medicines will become a question of minor importance. Without these, no amount of standardisation of drugs or enquiry about the potency of proprietory and other preparations will be of any avail.

H. N. C.

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Original Articles

MODERN PROBLEMS IN AYURVEDA

BY

KAVIRAJ D. N. RAY, M.Sc.,

CALCUTTA.

—:o:—

In my previous articles, I have shown that the Tridoshas are matter, and I have also enumerated their properties and described their respective functions. But matter is a very general term. Now, which of the substances found in the body is Vayu, which is Pitta and which Kapha? Ayurveda is rational; but unless we can definitely establish the existence and properties of Vayu, Pitta and Kapha, we cannot call Ayurveda a Science in the truest sense of the term. It is my firm belief that we can actually see and feel Vayu, Pitta and Kapha. The modern Physiologists have extracted gastric secretions, bile secretions and intestinal secretions from *living* animals and have examined these both physically and chemically. If we try, I think we can also do the same for Vayu, Pitta and Kapha. This requires independent experiments. Sushruta has advised us to dissect the human body and examine the minute structures of the body with our own eyes. It is long since the Ayurvedists have ceased to handle a dead body. I believe that the ancient surgeons actually saw the Tridhatus by some means or other, at least they had formed in their mind's eye a very clear and definite conception about the nature of Vayu, Pitta and Kapha. We must now have to revive their methods for the elucidation and unravelling of the mystery of the Tridoshas. But in the meantime we can identify or try to identify Vayu, Pitta and Kapha with some elements in the body known to modern physiologists.

A system to be called a true science must be definite about everything, at least in its fundamentals. There must not be anything vague. Is this true about present-day Ayurveda? Certainly not. Our anatomy is conspicuous for its vagueness; and when that is the case, it is useless to speak of our physiology and pathology. When modern scientific researches have attacked

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a certain definite meaning to that term ; and every scientist, all over the world, uses that particular term in that paricular sense. There is no confusion. For example, the word 'nerve,'—whether used by a biologist, a physiologist, a pathologist or an anatomist, or by a physicist or a chemist,—will have the same definite meaning. In Ayurveda, on the contrary, we find a dearth of words, and the ancient Ayurvedists used the same term to denote different things. They also used the same term in different senses to express different functions (thus bringing confusion to us). As Charaka says :

"एकोऽपि ह्यनेकां संज्ञां लभते कार्यान्तराणि कुर्व्वन्।"

च. सू. अ 8।

I shall take a concrete example : धमनी. As described by Sushruta, the term धमनी may mean 'nerve' or it may mean 'artery'. In Charaka, the same word धमनी is used in some places in yet other senses. I shall now show how the issue is confused by this in our practical field :

"आवृत्य वायुः सकफो धमनीः शब्दवाहिनीः।
नरान् करोत्यक्रियकान् सुकृ मिन्मिनगद्गदान्॥"

—वातव्याधि-निदानम्।

Here धमनी evidently means nerves.
But

"वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति।
तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते॥"

—आमवात-निदानम्।

Here the meaning of धमनी is not so clear. And so our pathology becomes imperfect. [The धमनी here is certainly not nerves. I think it is used in the sense of 'स्रोतः'.] I can cite innumerable examples of such confusions. We can remedy these defects by studying human anatomy and giving definite names to definite parts of the body. And sticking always to this nomenclature, we can explain different portions of Ayurveda from our new view point. Sushruta has written a book on Surgery, and Charaka a Treatise on the Practice of Medicine. We cannot expect from either of them anything like a detailed account on anatomy. No ancient book on Anatomy is available now ; so we must have to create our own Anatomy. And then we can have our Physiology and Pathology. (Mahamahopadhyaya Kaviraj Gananath Sen has started in this direction.)

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Our main problem, however, is to solve the indentities of the Tridhatus. It is not an easy task. The Tridhatus are matter ; Vayu is of the nature of a gas, (सूक्ष्म, चल, विशद), Pitta is of the nature of a liquid, rather an active and potent liquid (तीक्ष्ण, द्रव, सर), and Kapha is of the nature of a solid or we may go further and say that it is a colloidal substance (मृदु, स्थिर, पिच्छिल). But even then we are speaking of the Tridhatus in general terms. We must be more definite about them. What are they ?

According to modern Physiology, the body is composed of the five proximate principles,—Proteids (C, O, H, N, S), Carbo-hydrates (C, O, H), fats, water and mineral salt, together with a store of energy derived primarily from sun-energy. Ayurveda tells us that the Body is पाञ्चभौतिक, *i. e.* composed of the five elements, 'Earth', 'Water', 'Fire', 'Air', and 'Ether' or Space (According to the most recent view of Einstein, space is matter). Dhatu Vayu is similar to भूतवायु in nature, Pitta is similar to तेजः and Kapha is similar to अप्.

Then again, the body is made up of cells ; and cells arise from cells. "Omnis cellula e cellula." In Ayurveda, we have "दोषधातुमलमूलं हि शरीरं", and Dhatus are formed from Dhatus. (The दोष, धातु and मल may all be termed Dhatu).

And what is the cell composed of ? It is composed of protoplasm, a very complex substance. "To manifest life, protoplasm must be wet with water (कफ ?), in contact with oxygen (वायु ?) and warmed by the sun's heat to a certain temperature (पित्त ?)." Now, the cells pervade the whole body, and वायु, पित्त and कफ also pervade the whole body. So we must look for Vayu, Pitta and Kapha in protoplasm. "The chemical structure of the molecule of *living* protoplasm is hidden from us, for the moment protoplasm is subjected to analysis it ceases to live, crumbling into simpler substances." Dead protoplasm yeilds proteid.

"Proteins are essential in protoplasm, and they are more intimately associated with the phenomena of life than any other proximate principles, in the sense that we never find vital phenomena without them, and that vital phenomena are never manifested by carbo-hydrates, fats, saline matter or water, either alone or in combination. Proteins are usually *colloidal*.

A colloid does not form a true solution, but in a fluid it forms a kind of emulsion consisting of minute particles or globules suspended in the fluid. (Such an emulsion-solution is termed a 'gel', but there are colloids having much finer particles, and which

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have different properties. Such are called 'sols'. Protoplasm, *alive*, is probably of the nature of a sol)". Is Kapha the proteid element of living protoplasm ?

"Enzymes are formed in cells. Cells may be frozen and pounded into a paste. Enzymes are thus set free, and at the proper temperature they will manifest their usual activities. There can be no doubt that as almost all cells contain enzymes, they take part in *nutritional process*, by mediating changes in the protoplasm of the cell or possibly in the substances stored in the cell. They may thus carry on metabolic changes during the life of the cell." Is Pitta then the enzyme-forming substance of the cell ?

"Every cell in this marvellous cellular agglomeration is the seat of complicated chemical reactions ; its substance, semi-liquid and colloid in nature, is constantly breaking down and being built up again, probably by processes and according to laws purely physio-chemical ; and with these reactions the general processes of reproduction and special adaptive movements are in some way correlated." Then again, "the cell is the theatre of activities, of a physical (श्लैष्मिक ?), chemical (पैत्तिक ?) and vital (वातिक ?) nature, and all the essential phenomena of life may be manifested by a cell. These activities are all more or less controlled and regulated by the *nucleus*. If a cell be divided artificially so that one portion of the protoplasm contains the nucleus, while the other portion has no nucleus, the latter portion soon dies, but the other portion remains alive, and may grow and perform its functions as before." The nucleus of the cell must therefore contain something of the nature of वायु, which in its turn may be of the nature of oxygen, or even may be of the nature of some gaseous substance not yet discovered. It is the वायु in the nucleus which breaks up the cell and helps in its division. It is the nuclear Vayu which is the cause of protoplasmic movements. It is this Vayu again which controls and regulates the action of nerve cells.

Such are some of the problems which we must solve before we can raise Ayurveda from its present empirical form to the scientific stage. When, however, "we come to ultimate origins," as Sir Oliver Lodge says, "science is dumb ; we are confronted with the problems of existence, and if there is to be any solution of that, it is to philosophy and religion we must look and not to science."

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I appeal to my readers, to the Kavirajes all over India to think over the matter, to unite together and devise means for the advancement of Ayurveda. Our knowledge is imperfect, our power is limited. But we should still have a good try to emerge from our stagnancy and strive hard for progress.

A SCIENTIFIC STUDY OF SEPTIC CASES TREATED IN INDIGENOUS SYSTEM.

BY

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It is very well known to the scientists that pathogenic micro-organisms produce Sepsis. The existence of these organisms is based on microscopical examination or culture by modren scientists. The ancients have not found out such machines to demonstrate the nature of microbes. All the same, they seem to have understood the cause of such bacterial diseases as adequate medicines to root out the germs are available in their texts. The bases of these medicines, mostly specifics in nature, which were found out by them, without explaining the nature, source, or activities of the various types of bacteria, could not be traced from the ancient records, so far as my investigations are concerned. But it is said that the eighteen great Sidha Saints who are the authors of this system have written seven lakhs of Grandams. A few that are scattered about here and there are available and many have been lost to us. In this respect I am willing to be informed by the numerous readers of this esteemed journal if there is any ancient record to illustrate and give an insight into the science of Bacteriology. Therefore, in the course of the lecture I delivered on 1-3-1930 at the Government Ayurvedic and Unani College, Mysore, a premier institution to impart knowledge in the ancient medical science of India, I had to say that in learning and practising Indian medicines, the modern appliances such as Thermometers, Microscopes, Urine analysis outfits, X-rays and such other equipments are necessary for easy and efficient diagnosis. No rigid rule is laid down in the Ayurveda or Sidha Systems by the ancient writers, counting the successive generations from

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incorporating any additional remedies or appliances that are inevitable for the prevailing conditions in these days. For instance, "Syphilis" was brought to India by the Portugese. This fact is well known to our scientists. The old text books which are modified or rewritten by the later writers contain references to this disease, its diagnosis and its treatment. Similarly, yellow fever has been foreign to India. Lately this disease seems to have found its entry into Bombay. Similar inevitable evils which are the natural results of contact with foreign countries and increasing civilisation, ought to be studied and suitable Indian remedies are to be found out in the interest and welfare of the citizens of this land.

It is said in Bogar Sathakandam that the holy Saint Agastiar, the great author of Sidha System, diagnosed a small frog lodged in in the brain of one Tirunakiamuni, one of the great Pandits of Tamil Sangam, who was suffering from a severe type of migraine which did not yield to medicinal treatment. Agastiar diagnosed it through Gnanadrishti, operated and removed the frog. Can anyone in these days diagnose such a case as was done by Agastiar? Agastiar the *avatar* of God, had supernatural powers—perhaps an X-ray installed or immanent in his body. Is it possible to find out a foreign body lodged deep under the cranium without an X-ray in these days? Is it reasonable to expect all to possess occult powers and apply them to medicine? None in the present generation, either in the East or in the West, can perform this wonder, I am sure, without an X-ray. Therefore the diseases that are caused by various micro-organisms, or foreign bodies that are imbedded deep, are to be demonstrated with suitable modern apparatus to the students to understand clearly. It is needless to draw the attention of my readers to this common defect. There is the constant danger of neglecting to probe into the diagnosis and treatment of diseases in their initial stages. Trusting upon external appearances and relying on the formulae of accepted specifics we generally go on into a rut, irrespective of the justification of our diagnosis and prognosis of the cases until the issue turns graver and the situation appears too serious to admit of any rational treatment. We are apt to lose sight of the convenient methods and aids which are easily accessible to us. The Vaccine treatment adopted in the western system for various forms of Septic conditions, the benefits arrived at from their use are still indefinite and uncertain. The common abscesses due to pathogenic organisms are found everywhere in abundance. About 50 per cent or more of the surgical diseases treated in a Government hospital or dispensary

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may be under this common disease. Such abscesses do not end with a single operation in a patient. In most of the cases the individual affected is in a depressed and unhealthy state, and the germicidel power of his tissues is always defective. In consequence of this state of health, a number of abscesses spring up in groups or one after another and takes years sometimes for all signs to subside, if no constitutional treatment is given. In the South Indian (Tamil-Sidha) system of treatment, for boils, abscesses, and carbuncles (Non-diabetic) the medicine called "Vipruthi Oil" is given internally. I append herewith the composition of the Oil. In the early stages, if the oil is administered, the inflammation disappears by surprise, the formation of pus is arrested and the tissues destroyed in unopened early stage of an abscess get absorbed. In a ripe abscess, the pus becomes sterile and the cavity shows already a granulating healthy wound which heal very soon.

There is a non-irritating antiseptic as well as aseptic decoction in the Sidha System which effects a cure very rapidly and cleans the septic and non septic wounds and ulcers, which contains no poisonous ingredients whereas a lotion prepared out of carbolic acid or Perchloride of mercury irritate the healthy tissues also and keeps the wound in a raw state for a very long time. This kind of prolonged treatment costs a good lot on gauze, cotton and bandages. This simple lotion rather decotion which contains the leaves of Margosa, Vadanarayan, Tamarind, Turmeric, Phyllanthus embellica, Galls, Terminalia chebula, and Thanikai, is a beautiful combination of antiseptics and astringents. The antiseptic action of Margosa has been extensively tried in various septic conditions including Puerperal Sepsis by the Calcutta Scholar and found very effective. It is a parasiticide as well. The fragrant Turmeric is a common toilet for Hindu ladies from time immemorial, used in daily bath on account of its virtue in Seborshea, Parasitic skin diseases, profuse perspiration etc. and a deodorant. Vadanarayan (Tamil) is used as a poultice and by its application various inflammations subside. The idea of combining this leaf is to reduce the inflammation surrounding the area. The others possess astringent properties, which prevent oozing from the wound and contract the gap very soon. Four ounces each of these drugs are boiled in a gallon of water and reduced to $\frac{1}{8}$ gallon. In this process of boiling all the germs or parasites that may be adhering to the drugs and leaves and those that may be found in water will be surely destroyed so that the decoction becomes aseptic. This decoction is also useful

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to wash out the Vagina or Uterus in puerperal sepsis, Leucorrhœa or Gonorrhœa in women and for all inflammatory conditions as well. In discharges from the ear or nasal cavities and also to wash out the conjunctiva. in eye diseases in place of Boric lotion or saline. In this connection, I wish to point out that according to western methods of preparing the lotion it is clearly stated by Rose and Carles that nearly all antiseptics are irritants and if applied in too concentrated a state or for too long may lower the local resistance and render the wound more liable to be infected by any organism that may at the time or subsquently gain accidental entrance. There is no such trouble with this lotion. The efficacy has been practically tested in my dispensary on about 1000 surgical operations performed and in about 20,000 surgical cases dressed in the course of two years. All the cases healed very quickly without any interruption. After washing with this lotion, a dressing called ' Porai Ennai" is applied on the wound dipped in gauze and bandaged. The composition of this oil I have detailed below. The peculiarity of this Oil is that when applied, whether a bandage is applied or not, no fly will come near for 24 hours together and sit on the wound while for this purpose any amount of sprinkling of Iodoform or Tar preparations will be of no use. The fly is one of the carriers of many infections and to prevent them from contaminating a raw surface is equally of value in treating surgical cases. Another important advantage of this Oil is that there is no necessity to frequently change the dressings in a bad case of septic wound, as this Oil possesses the virtue of keeping its antiseptic action for more than 12 hours. The continuous irrigation of septic cases with antiseptic lotions and the consequent posting of an attendant to regulate the flow of the fluid and the temperature of the lotion and such tedious processes are spared with this simple treatment. Any amount of neglect by the out-patients for ordinary ulcers in keeping the dressing properly does not affect in any way in getting it infected Many a case of breast abscess in women that usually occurs soon after child birth gives a lot of trouble to the patient and the surgeon alike by forming pouches and collection of puss indiscriminately which necessitates many openings and insertion of tubes, are mended by treating the constitution with Vipruthi Oil and dressing with Porai Ennai, only once a day, applied on syringing into the cavity after opening the abscess. The complicated and painful method of inserting a gauze or rubber drainage is completely replaced. The wound begins to heal from the bottom and does not narrow the

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healthy portions any further. In my dispensary, I had about 50 cases of breast abscesses, during the last two years of its existence and about half a dozen cases among them were complicated with fever, anaemia, multiple sinuses and threatening collapse. The wound was very pale and unhealthy with putrid discharge. All of them got all right under the system of treatment adopted by me as stated above.

There were two cases of Diabetic Gangrene of the foot. Both albumen and sugar were present with a high specific gravity of 1040. The ulcer was smelling putrid—perhaps B. coli had entered. In the first instance these two patients consulted the allopathic surgeon, who advised them to have their legs amputated immediately as sepsis would extend up to thigh and they would die of diabetic coma. But these patients as may seem natural were not willing to part with their legs. So, they consulted me as the next best. I immediately kept their legs in a warm decoction (Margosa etc.) bath and dressed them with Porai Ennai. Starved the patients for 24 hours allowing pure water to drink. The patients' temperature when seen first was 104 degrees F. The next day the temperature came down to 99 degrees F. Urine Sp. Gravity 1015. Traces of albumen and sugar. They were given reduced gold, mica, silver, and pearl in 1 grain doses twice a day in honey. On the third day the margins of the gangrene became well defined and the infection spreading up became arrested and the sloughs showed a tendency to separate. After dressing for a week all the sloughs came off without interference and a healthy cavity exposing the tendons of the feet became visible. Gradually the gap filled up, wound contracted and an uninterrupted and uneventful recovery took place in a month. In one of these cases the infection began in the toe, which eventually turned dry and black, the so-called dry gangrene. As the patient did not like to remove even the nail of the toe, I was continuing the dressing and to his surprise one day when I unopened the dressing the toe was sticking to the dressings and a raw granulating surface was seen in its place. The poor patient pitied his misfortune but was satisfied that *I did not* cut it off. The patients are aged 50. A similar patient who resides in my jurisdiction had his leg amputated at the site of election by an allopathic Surgeon, just before I began treatment of the above patients. Even though the amputation was performed far above the inflamed area, the edges of Tibia and fibula began to give trouble and the sutures had to be removed and drained and small pieces of sequestra were

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coming out now and then. It took one year for healing completely. This patient also is of the same age as those of mine and he had sugar and albumen also.

As regards Puerperal Sepsis—in this system—no douching is advised—which is of course a dangerous attempt when the uterus is congested and inflamed and ready to perforate if douche is given as a common routine. So, cleaning the external genitals with the decoction (Margosa etc.) and administering internally Panchabanam, Sandamarutham, Coral with arsenic—Vajrakandi pills—(the composition I give below)—act much better than the Vaccines and douches. I had to treat about a dozen of them in my dispensary and I am glad to note that all of them recovered. In one case, I had to request a lady doctor who examined the case. I note her opinion here. I had a doubt first whether it is a genuine case of sepsis or not. Subsequently I treated the patient as she refused to follow the advice of the allopathic treatment and principles, fearing that a douche might produce pus in the abdomen as is thought of by the lay public, ignorant of the process.

"Dear Doctor, the patient is having a septic fever. Temperature 103° F., no discharge from the uterus. The uterus is not contracted well. The cervix is ulcerated. She needs an injection and douche for a week. Mixture—If you give Ergot and Quinine, it is good."

Yours sincerely,
(Sd.) A. D. R. (Lady Doctor).

The patient is all right without a douche or injection and a nauseating dose of Quinine.

Our ancients in India have invented such medicines to combat the septic cases without the trouble of possessing an elaborate and costly laboratory to manufacture Vaccines and highly technical method of injecting them. I say the injection is highly technical because of the unfortunate Mysore P. W. D. Engineer's case as an instance of recent proof. It is universally accepted by the modern scientists that an autogenous-vaccine is superior to stock Vaccines. The idea underlying the Vaccine therapy is to train the body to stand the strain of a specific disease and to overcome the toxic effects and thus create immunity The same results are produced by administering medicines by mouth in our ancient Indian Science, without any complicated method of treatment. The treatment with "Vipruthi Oil" for multiple abscesses is an example for auto-therapy in Indian medicine. In preparing an auto-Vaccine we require an

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expert Bacteriologist in the first instance, a costly laboratory, a discharge or pus from the patient's own body, culture with various agars, microscopes, standardisation of dose etc, according to western methods. Here you give a specific and immunise the patient. These medicines are prophylactic and curative. How simple the method is ! Any ordinary medical man, without high academical qualifications or specialities, can go on with such simple methods and we can effect a large savings of the funds.

So, there are many wonderful methods in the treatment of septic diseases in the Indigenous system that will serve the country in a very useful manner, if learned friends in the medical profession study them by practical application. Scientists should not vainly boast of their own creed. Even there, if a man with common sense deeply studies the existing condition in which the western methods are placed for their own benefit, he will treat equally the drugs that are found in the Indigenous system which is in no way inferior to but much better than theirs. Thirty percent of the drugs used in the Western Medical Science were known to antiquity and that they are based on the practice of natives of certain countries, some laymen, quacks, country doctors, and men in and outside the medical profession do not detract their curative and preventive values and high potency. Please take for instance, Doctor Jenner's invention of Vaccination against Smallpox from Dairy maids' remarks, the value of Digitalis learnt by Dr. Withering from an old Shropshire peasant woman's prescription, the use of Quinine in Malaria by the Jesuit priest, Dutch fisher-men's knowledge of Codliver Oil, Bifocal lenses by Benjamin Franklin, the use of Catheter by a post master, invention of Thermometer by the astronomer Galileo, and what more is wanted to prove the non-originality of the Western medical science ? When things can be learnt from such laymen, I dont find any reason, nor do I see any harm in learning the great time-immemorial art that was practised by the Great Indian Medical Sages who were the flowers of the ancient land and won laurels many hundreds of years before Christ was born. By neglecting such learning we may be doing an injustice to the nation and many useful lives may be lost as in the case of Oilver Cromwell, whose conservative physician refused to use quinine, the folklore remedy in Peru, which had been brought from Spain twenty years previously, and he was allowed to die of malaria at the height of his renown in 1658. Now-a-days, quinine is the only specific we have for malaria, and scientists have not invented

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anything of their own even after so many hundreds of years of reasearch. Besides cheapness and efficiency coupled with easy mode of administration, the indigenous system is potential of immense facilities. Cases, that require admission in the wards and a lot of care and nursing etc. required for such diseases caused by infection, can be allowed to stay at home. The medicines are so cheap and their efficiency so marvellous that those who cannot afford the costly and elaborate treatment of big institutions at the already much crowded town hospitals of the allopathic system, can have the benefits of treament and careful nursing of home. The mentality of the rural population is one that reserves to itself the sole attachment to homebred scenes specially in times of illness and has a peculiar faith and devotion to home nursing. Their poverty also warrants such consideration at the hands of medical men and the revival of Indigenous system of medicine and a desire to extend the benefits of a sound and rational treatment to the villager is a happy sign of the coming golden age for these half-forgotten and much despised but very efficacious systems and specifics which can be within the reach of all.

It is not a truism but a fact worth realising that the ultimate control over life is not vested either in the modern or in the ancient medical practioners. The laws of life and death are inscrutable and beyond the pale of human adjustment. The agonising conscience of a truly labouring doctor is indeed very fastidious in analysing and apportioning the efficacy of his own pet theories, medicines, specifics and formulae and tracing all success which in very many cases is the natural working of the permanent springs of life and forgets the immense soul of Mother Nature and her illuminating response to the demands of the human system. The modern practitioner (at least in 80 percent of the cases) is even now despising the value and utility of such powerful specifics of the Sidha and Ayurvedic systems, for he has not yet learnt the need for cheap and natural articles to allay human suffering and to heal the sores of humanity which is the main concern of medical profession in general and also he has no conception of the true laws of life and the living and the close connection between the indigenous system and its ministration and practice on the one hand and the philosophic and physiological bases revealed in the vast laboratory of experience and realisation. He is a successful professonal who understands his limitations and hence is cautious and prudent in his methods and aims.

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The relation between medicine and allied branches of knowledge, philosophy, practical physiology and hygiene, must be properly understood and visualised. All the systems have one and the same end in view. It is difficult to resist the temptation to refer to the petulent controversy about the General Medical Council and its relation with Indian University Degrees as an instance of a failure to view medical work and education as a purely humanitarian problem and representing the highest of human services even as the Son of Man took to healing the lepers and the palsied.

A study of the specifics and treatment prescribed in the Sidha system will be of paramount value and nothing will bo so fruitful as to go into the unexplored lore of the medical genious of the glorious past.

The composition of various medicines detailed in the course of treatment for septic diseases :—

Tamil.	Latin or English	Quantity	Remarks.
"*Vipruthi Oil*"			
Amanakennai	Castor Oil	1 seer	
Nilavirai Juice	Senna Juice	1/8 ,,	
Brahni ,,	Herpestis Monuiera Juice	1/8 ,,	
Poduthalai ,,	Lipia Nodiflora Juice	1/8 ,,	
Koshiavera Juice	...	1/8 ,,	
Sinni Juice	...	1/8 ,,	
Vellarugu Juice	Adenema Hyssopufolia Juice	1/8 ,,	
Malai Vembu Juice	Melia Azedarach Juice	1/8 ,,	
Sangankuppi ,,	...	1/8 ,,	
Kasharchi ,,	Caesalpinia Bonducella Juice	1/8 ,,	
Kattamanaku ,,	Jatropha curcas Juice	1/8 ,,	
Tippili	Long Pepper	1½ tolas	
Karunjeerakam	Small fennel	1½ ,,	
Kasturimanjal	Mango-ginger (Berberis aristata)	1½ ,,	
Kadagarokini	Picrorrhiza kurrva	1½ ,,	
Vasambu	Acorus calamus	1½ ,,	
Nirvedimuthu	Hydnocarpus inebrians	1½ ,,	
Nirvalam	Chiretta	1½ ,,	
Kattujeerakam	Veronia anthelinintica	1½ ,,	
Vollaipoondu	Garlic	3 ,,	
Kadukai	Terminalia Chebula	3 ,,	

Boil till no traces of water is left behind.

Dose :—10 to 30 drops for children and 1 to 1½ drachms for adults in hot water once a day to be repeated for 3 to 5 days according to the severity of the infection.

Salt-free diet *i. e*, only milk and rice.

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II. "Oil for dressing or Porai Ennai."

Tamil.	Latin or English.	Quantity.	Remarks.
Brahmathandu juice	Argemone Mexicana juice	½ seer	
Thangaipaal	Cocoanut rind juice	½ ,,	
Thangayennai	Cocoanut Oil	¼ ,,	
Athividayam	Aconitum Heterophyllum	1 Tola	
Jathikai	Myristica Fragrans	1 ,,	
Karunjeerakam	Small Fennal	1 ,,	
Karbogarisi	Psoralea Corylifolia	1 ,,	
Rasakarpuram	Crude Calomel	1 ,,	
Kasukatti	Catechu	1 ,,	

III. "Decoction or Lotion."

Tamil.	Latin or English.	Quantity.	Remarks.
Vappilai	Margosa leaves	4 ounces	
Pulia Ilai	Tamarind leaves	,,	
Vadanarayan Ilai	...	,,	
Manjal	Turmeric	,,	
Kadukkai	Teminalia Chebula	,,	
Nellikai	Embelica officindis	,,	
Thanikai	Beleric Myrotolaus	,,	
Machikai	Galls	,,	
	Water	1 gallon	

Boil and reduce to 1/8 gallon.

IV. "Panchabana Sinduram."

Tamil.	Latin or English.	Quantity	Remarks.
Veeram	Perchloride of Mercury	1 Tola	
Pooram	Crude Colomel	,,	
Manosilai	Red Arsenic	,,	
Lingam	Cinnabar	,,	
Kandakam	Sulphur	,,	
Sirucherupadi Juice	...	q s.	

By a special chemical process these should be kept on fire till the water is dried up. Dose :—1 to 3 grs.

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V. "Vajrakandi Pills."

Tamil.	Latin or English.	Quantity.	Remarks.
Lingam	Cinnabar		
Pooram	Crude Calomel		
Veeram	Perchloride of Mercury		
Rasa sinduram	Red Oxide of Mercury		
Pashacharu	Lemon Juice	q. s.	
Ingicharu	Ginger Juice	q. s.	

Trituration and pills 3 grains size. 1 to 2 pills for a dose

VI. "Coral with arsenic."

Tamil.	Latin or English.	Quantity.	Remarks.
Pavalam	Coral	3 tolas	
Vellai Pashanam (Sudhi)	Purified White Arsenic	1½ „	

To be placed in a covered crucible and burnt with cowdung cakes. Take out and grind with the milk of White Calatropis Gigantia, and make a circular cake—flat. Place in a covered crucible and burn with 10 cowdung cakes. Dose—I grain in honey.

ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

Hindu astrology deals with the vertical meridian as joining the Zenith and Nadir points, because every planet or star culminates on the zenith, the topmost position of a locality. Hindu astrology deals with the meridian between the two poles and the deviation is called "Ayanansa." There are two kinds of calculations in Hindu astrology :

(1) *Sayan*—It takes into account the difference between the true North pole and the present position of the earth deviating from the celestial pole. At present the difference is 21° and odd which varies every year.

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(2) *Nirayan*—It does not take into account this variation but calculates from the poles which are fixed.

It will be seen that the 12 Houses of Heaven are imaginary divisions of the Zodiac, as seen above and below the earth in which the 12 zodiacal signs occupy different places at different times of the day and night owing to the diurnal motion of the earth The position of the planets in the celestial houses depend on their respective positions in the Zodiac, at the particular time.

Medical Astrology.

Each sign of the Zodiac, each planet, each star and each House of Heaven has certain special powers on each part of the body and faculty of the mind (complexion, disposition, temperament), on each Element (Bhuta), on colour, odour and taste, on plants and animals, on the days of the week and the hours of each day, on metals, on humour, bodily configuration, time of life, disease, mode of death, etc. In other words, each has its own special jurisdiction on the body and mind of man and his destiny (Dristi).

It will thus be seen that the mere numerical combination of any one of these with the others are indefinitely multitudinous and when it is known that each may be combined with the others in many different ways, the complications become too great.

The Disposition of the Signs of the Zodiac

In astronomy these are disposed in the order in which the Sun is seen to successively occupy them throughout the year, that is, during the annual motion of the Earth round the Sun.

In the tropics, there are four seasons and there are three signs corresponding to each season as follows :—

Aries Taurus Gemini,	Signs of Summer
Cancer Leo Virgo	Signs of Autumn
Libra Scorpio Sagittarius	Signs of Winter

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Capricornus Aquarius Pisces	Signs of Spring

In India, the approximate date of the month occupied by each sign is given as follows :—

Aries	from about	21st March	to	18th April
Taurus	,,	19th April	to	19th May
Gemini	,,	20th May	to	20th June
Cancer	,,	21st June	to	21st July
Leo	,,	22nd July	to	21st August
Virgo	,,	22nd August	to	22nd September
Libra	,,	23rd Sept.	to	22nd October
Scorpio	,,	23rd Oct.	to	21st November
Sagittarius	,,	22nd Nov.	to	20th December
Capricornus	,,	21st Dec.	to	19th Jaunary
Aquarius	,,	20th Jany.	to	18th February
Pisces	,,	19th February	to	20th March

The season as we now know depends on the height which the Sun attains at mid-day. Hence arises the variation of season in different regions of the earth.

The above table shows that the Sun rises in different signs in different seasons or time of the year. Thus we have sun-rise in the sign of Aries from 21st. March to 18th April and so on.

In Astrology, the signs of the Zodiac are differently arranged according to their several properties. They are divided into groups of three each, but each group forms a Triplicity (Trikone). The arrangement is as follows in both the European and Hindu astrology :—

Aries Leo Sagittarius	First Triplicity.
Taurus Virgo Capricornus	Second Triplicity.
Gemini Libra Aquarius	Third Triplicity.
Cancer Scorpio Pisces	Fourth Triplicity.

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The sun has an apparent diurnal motion besides an annual one so that the position of the signs of the Zodiac with reference to the meridian vary with the different parts of the day and night.

THE RELATIONS OF THE SIGNS OF THE ZODIAC.

(1) *In relation to day and night.*

Hindu Astrology—This relation is alternate *e.g.* Aries, is Lord of day, Taurus—Lord of night and so on.

In Western astrology—1st and 3rd Triplicity are diurnal (greater power during the day) while the 2nd and 4th Triplicity are nocturnal (greater power at night).

(2) *In relation to Sex of child.*

(Common to both)

1st and 3rd Triplicity—Masculine.
2nd and 4th „ —Feminine.

The sex of a child will be male or female according to the sign (male or female) in which conception takes place.

The sex of the child is determined by the drekkan or one-third division of Lagna. It therefore refers to the time of birth and not the time of conception.

(3) *In relation to Influence.*

(Common to both)

1st and 3rd Triplicity—Benevolent.
2nd and 4th „ —Malevolent.
1—6 signs —dominant.
7—12 „ —subservient.

(4) *In relation to Epochs of life.*

1st Triplicity presides over Youth
2nd „ „ Old age
3rd „ „ Childhood
4th „ „ Past youth.

(5) *In relation to Direction (meridian).*

1st Triplicity—Lord of East.
2nd „ — „ of South.
3rd „ — „ of West.
4th „ — „ of North.

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(6) *In relation to Temperament, Humour, etc.*

1st Triplicity—corresponds to Yellow bile.
2nd „ „ to Black bile.
3rd „ „ to Blood.
4th „ „ to Plegm.

(7) *In relation to element*

1st Triplicity—Corresponds to Fire.
2nd „ — „ to Earth.
3rd „ — „ to Air.
4th „ — „ to Water

A child conceived under each sign will therefore be of firey disposition, of bilious temper and so on, respectively.

(8) *In relation to Taste*

1st Triplicity—like hot and dry things
2nd „ „ cold and dry „
3rd „ „ hot and moist „
4th „ „ cold and moist „

(9) *In relation to Colour.*

Aries (Red)
Taurus (White)
Gemini (Yellow)
Cancer (Grey)
Leo (pale yellow)
Virgo (diverse)
Libra (Black)
Scorpio (Green)
Sagittarius (Flame)
Capricornus (Various)
Aquarius (Green)
Pisces (pale)

(10) *In relation to Mobility.*

Mobile—Aries, Cancer, Libra, Capricornus.
Fixed—Taurus, Leo, Scorpio, Aquarius.
Common—Gemini, Virgo, Sagittarius, Pisces.

(11) *Lord of the Signs in relation to Day and Night.*

Western—

1st Triplicity—Sol by day and Jupiter by night
2nd „ Venus by day and Luna by night
3rd „ Saturn by day and Mercury by night
4th „ Venus by day and Mars by night

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(12) *Lord of the Signs.*

Eastern

Aries, Scorpio	Mars	Gemini, Virgo	Mercury
Taurus, Libra	Venus	Sagittarius, Pisces	Jupiter
Cancer (Luna), Leo (Sun)		Capricornus, Aquarius	Saturn.

(13) *Power of Planet in different Signs in different Seasons.*

Saturn—powerful in winter in relation to Capricornus & Aquarius

Venus	„	Sprnig	„	Taurus & Libra
Mars	„	Summer	„	Aries & Scorpio
Luna	„	Rains	„	Cancer
Mercuary	„	After rains	„	Virgo & Gemini
Jupiter	„	Early winter	„	Sagittarius& Pisces
Sol	„	Winter	„	Leo

Saturn will be in Capricornus and Aquarius every 30th and 31st year and when there it will be very powerful in the season. But planets are very poweful in the following signs and least in others opposite to them known as the places of exultation and fall respectively.

	Exultation	*Fall*
Sol	Aries	Libra
Luna	Taurus	Scorpio
Mars	Capricornus	Cancer
Mercury	Virgo	Pisces
Jupiter	Cancer	Capricornus
Venus	Pisces	Virgo
Saturn	Libra	Aries.

(14) *In relation to head & face (aspect or Drishti)*

Aries—Left ear
Taurus—Middle of forehead
Gemini—Left eye
Cancer—Forehead, Eye
Leo—Right eyebrow
Virgo—Right cheeck
Libra—Right ear
Scorpio—Nose
Sagittarius—Right eye
Capricornus—Left jaw
Aquarius—Left eyebrow
Pisces—Left cheek

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(15) *In relation to parts of the body.*

Name	*European*	*Hindu*
Aries	Head	Head and Face
Taurus	Neck and Shoulder	Neck and Throat
Gemini	Arm and Hand	Arm
Cancer	Chest and adjoining parts	Chest and Stomach
Leo	Heart and Stomach	Heart and Back
Virgo	Intestine	Intestine and small of Back
Libra	Kidney	Kidney and Bladder.
Scorpio	Genitals	Genitals and Rectum
Sagittarius	Hips	Hips
Capricornus	Knee	Knee
Aquarius	Legs	Calf
Pisces	Feet	Feet

Aries comes first and hence its aspect is on the head.

Taurus relates to neck and shoulder, because a bull is robust in these parts.

Gemini relates to arms and hands, because the twins are represented as embracing each other and the quality of embracing lies in the hands and arms.

Cancer pertains to chest, because a crab is robust there.

Leo pertains to the heart, because a lion is courageous.

Virgo relates to the bosom, because the virtue of a virgin resides there.

Libra relates to kidney, because they lie equally balanced one on each side of the spine.

Scorpio relates to genitals and rectum situated at the tail end of the body, because the virtue of the Scorpion is in its tail.

Sagittarius relates to hips, Capricornus to knees, Aquarius to legs and Pisces to feet because these parts of the body come next in order like the signs.

Further, the virtue of locomotion of a fish remains mainly in the tail-fins away from the head.

INFLUENCE OF LAGNA (ASCENDENT) IN THE SIGNS.

(1) *Aries*—He is thin, greedy, fond of travelling, easily enraged, breaks promise, of bilious temperament, of ordinary

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intellect, spendthrift, active but cowardly, respects parents, gets few children, vain and ambitious.

She is angry, vindictive, clean, uses harsh words

(2) *Taurus*—He is happy, enjoys good health, charitable, destroys enemies, collects wealth at an early age, but spends it in many ways, disobeys parents, of bad temper, teases his relatives, loves good food.

She is truthful, wise, modest, tenderly, loved by husband, respecting God and good men.

(3) *Gemini*—He is handsome, smiling, impatient, short, liked by females, respected by all and obeyed by them, obeys parents and the aged, versed in music, fine and ancient arts, likes jewels and gold, gets 2 mothers.

She is harsh and cruel.

(4) *Cancer*—He is timid, charitable, dislikes the same abode, unprincipled, good memory, hidden disease. destroys enemies, respects good men, with few children and friends, speaks much, lives in foreign lands, wishes to get others' properties.

She is modest, loved by friends, honest, having children.

(5) *Leo*—He is lover of meat, gets wealth and honour from the king, willing to do religious deeds and help friends, a moderate speaker but greedy, likes to travel in forests and hills easily apprehends, patient, with broad face and breast, fond of elderly woman.

She is thin, of phlegmatic constitution, sickly, and quarrel some.

(6) *Virgo*—His habit is modest, he is well educated in literature, science and fine arts, greedy, gentle speaker, serves females and is loved by them, charitable and merciful, enjoys and travels much, womanish meek, wealthy and fortunate, simple, religious, handsome given at times to bad habits, having female children, loves fame.

She is modest, feminine, happy, well-behaved and religious.

(7) *Libra*—He has disproportionate limbs, charmless, unprincipled, earns little, goes to foreign land, thin, quarrelsome, with long face and stature, wise and religious, unfortunate, possessing good memory, serves and respects God and good men, able, respected by others, possessing learned children, gentlemanly, loves his brothers, a false speaker, addicted to evil, friendly and poetic.

She is proud, miserly, unfriendly, and handsome.

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(*8*) *Scorpio*—He spends well, does wrong to his parents, of irritable disposition, faithful, smiling, understands business, of bilious constitution, does evil to preceptor and friend, handsome, serves the state, subjugates enemies, mean-minded, longs for company.

She—is handsome and a dutiful wife, with beautiful eyes and inclined to good acts.

(9) *Sagittarius*—With ample face he is good to his servants, meek, of ready wit, scientific, easily enraged, heads the family, soldierly, unprincipled, gets money from king, having diverse knowledge and large family.

She—is manly in bearing, learned in books and devoid of tender feelings.

(*To be continued*).

Health and Hygiene

—:o:—

HOW TO KEEP FIT

BY A HARLEY-STREET SPECIALIST

Children Should be Weighed

From time to time comment has been made upon the need for reform in the matter of diet in schools. On this account as well as for other reasons, parents should be careful to have their children weighed just before they leave home and on their return at the end of the school term. The vacation is therefore a good time to begin.

A comparison of these weights too often shows that physical development is retarded during the term and makes good headway during the holidays. If this is found to be the case—especially if it is for two or more terms in succession—the matter should be taken up with the school authorities.

Children should increase steadily in weight. At school they should be weighed at least once a fortnight. If they lose weight or do not increase at the rate normal to their age, there is something wrong and nine times out of ten it is the diet.

The record of each child's weight should be sent with the ordinary school report. It is at least as important as the educational record and furnishes data from which parents may obtain timely warning of trouble for which medical advice is desirable.

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Colours for Hot Weather

In case we should be favoured by a return of hot weather during our summer holiday, certain facts regarding the protection from the heat offered by clothing of different colours may be of interest to the readers.

Most people have noticed that darkly-coloured clothing absorbs more heat from the sun's rays than light-coloured material, but the extent to which this absorption varies with different colours is hardly realised.

If a piece of black cloth and a piece of white cloth are placed side by side in the sun, the black cloth becomes really hot, while the white cloth remains comparatively cool. Different colours, however, vary greatly as to their absorption of heat rays.

A pure white material, by reflecting all the rays to a large extent, remains the coolest of all. Next to this comes light blue, then red then yellow and finally (hottest) black.

Greens vary, but most of them occupy a position between yellow and light-blue.

The above information is useful also in selecting a colour that will be warmest out of doors in cool weather.

Clothing on Holiday

In discusing this subject we can almost leave women out of the question, as their dress for ordinary "easy-going" occasions is so nearly ideal.

It is curious. however, that their chief fault lies at the opposite extremity that of men, as it is in their shoes, which have high heels and pointed toes, and are too unsubstantial as a rule to encourage walking over rough ground.

With regard to men, the country holiday surely offers an opportunity for discarding the collar and tie they (apparently) cannot get rid of at other times.

An open flannel shirt is so much more healthy and comfortable. For the unfortunate boys who have to wear stiff collars or tight soft collars and ties at school there should be no alternative during holidays.

Their parents should insist on the opennecked apparel which will ensure unrestricted circulation of blood through the brain during their time of rest.

For cross-country scrambles and golf in hot weather, "shorts" are advisable on pure grounds of health. They or grey flannel trousers, with a tennis shart, form the healthiest possible suit of clothing.

Feeding on Holiday

As the arrangements of meals is an important factor in the benefit of a holiday, here is a little advice on the subject.

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Those who lead physically active lives at home and are taking a restful holiday should be careful not to overeat, this being a common danger. There is ample leisure for excessive meals, and the purchase of dainties including sweetstuffs that are highly-concentrated food, is a common practice at holiday time.

Those who have been overworking at a sedentary occupation are specially likely to suffer from faulty digestion as a part of their generally lowered vitality. These should "go slow", increasing their meals only as their vigour and appetite return with gradually increased exercise.

Youngesters on holiday from school come under a different heading of course. They require rather more food than usual. As they probably have had too little fruit and vegetables at school, fruit is a better form of treat for them than sweets. The holidays are, in fact, an opportunity for partly compensating for the faulty school diet.

In yesterday's note attention was called to the opportunity afforded by the holidays to parents of making up to some extent for the faulty dieting of their children at the average boarding school.

It is important to point out here that this purpose is not best served by the purchase of especially prepared articles. Two very wise physiologists have pointed out that the handling of natural food increases the cost and diminishes the nutritive value.

That is to say, the best articless are plain farm, garden, dairy and marine produce, such as fresh meat and vegetables, milk, eggs, cheese, fruit and fish (especially mackerel, herring and pilchards), rather than the various forms of preserved foods and sweet things that most children prefer to wholesome plain fare.

During the summer, salads are specially desirable. At the winter season tomatoes are the most wholesome of fruits, and these with cheese and wholemeal biscuits and butter make an excellent picnic meal.

Iodine and good Health

A good deal has been written and said about iodine in relation to health, and it has been pointed out that a certain minimum is needed.

Two much iodine however may be injurious.

There is no need for complicated and expensive methods of administration as carried out at certain health resorts abroad, such as the feeding of oysters on iodine for the diet of patients.

For people in whom iodine insufficiency is a suspected cause of ill-health, a much smaller dose than is recommended by the vendors of iodine preparations is an ample quantity, but no one is wise to take it without consulting a physician.

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Effects of a Bad Summer

The health-giving effect of a sunny summer is conveyed not only, by the radiation of our skins by the sun, but also by the radiation of the vegetables and animals that we eat.

For example, vitamin D is formed by the action of the sun on the skin of cattle and on the pasture they eat, so that for them there is a double source of supply.

Through this agency the milk, butter and cream that we get during a sunny summer contain vitamin D in variable amount according to the period of clear sunshine that reaches our part of the earth.

That the summer-time is our opportunity for making up our vitamin shortage has been shown by comparisons of statistics of illness at different seasons with meteorological records.

The effect of the dull summer are likely to result particularly in conditions associated with calcium deficiency, as this is brought about by lack of vitamina D.

Rickets is by no means the only condition so caused. In children a deficiency of vitamin D insufficient to produce symptoms in the bones may produce a lowered resistance to disease in general, defective teeth, loss of muscular tone, general lack of energy, nervous irritability, etc.

Probably adults suffer similarly from the same cause.

It is by no means certain that sunlight is unassociated with the production of other vitamins, as well as vitamin D. In fact, clinical evidence is against this assumption,

All these hints point to the advisability of special care during the coming winter to include in our diet plenty of "unaltered" food such as wholemeal bread, salads, green vegetables cooked by steam, milk, eggs, butter and fresh fruit.

Shellfish

Many of the shellfish, as well as being delicacies, are very wholesome food.

Some of them, however may disagree with certain individuals who have a special idiosyncracy for certain shellfish.

After eating them, these people may have indigestion, nettle rash, etc., and it is wrong to condemn the "fish" on that account.

In fact, the nettle rash attack is usually not the result of what would be poison for the average person.

When these animals are diseased and cause infection of the gastro-intestinal tract, it is because they have become infected by bacteria in water contaminated by sewage, and this infection may be conveyed by shellfish that are themselves perfectly healthy. Typhoid fever is an example.

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That crabs and lobsters take long to digest is, of course, well known, but this does not mean they are unhealthy food. It only means they are undesirable for people with weak digestion.

An exception not generally known is found in the lobster's claw This particlar part is very digestible, and may be given to invalids.

A raw oyster is one of the most digestible foods if eaten "in season", out of season it may be unwholesome.

Infection from Dust

The scientific evidence of the danger of dust applies to the subject of open-air schools. 38,000 bacteria in each cubic metre of atmosphere were found in a class-room of a school opened two years before, and 310,000 in a school twenty years old.

In suburbs the number of living bacteria per cubic metre of air has been found to be about 1,400. Out at sea the figure is about one to each two cubic metres.

The contrast between ordinary school-rooms and the open-air school can be seen at a glance. As Professor Hill says, the only way, open to all, of getting healthy air in school-rooms is that of flooding rooms with abundant fresh air by opening all the windows.

This practice is adopted by hardly any school except in hot weather. To carry it out properly in still weather, windows on two opposite sides of the room are essential. Even then, the ideal conditions of the real open-air school cannot be approached on most days of the year in the ordinary school-room.

In such a place one child with a cold may infect every other child in the room by sneezing once.

We have a long way to go before we can say our schools are healthy places.

Mystery Disease.

I observe that another death under an anæsthetic has been attributed to the mysterious condition called *status lymphaticus*.

It seems strange that, despite the progress of medical science, which has known of this disease for 30 years, nothing can be done to recognise the condition during life.

A medical friend tells me, it has been demonstrated that an enlargement of a gland in the throat may cause some interference with respiration, and this, he considers, may account to some extent for the added danger of anæsthetics in these cases. But a sudden shock may equally prove fatal.

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Does Beauty Wane?

I cannot share the alarm of Dr. Marcelle Peillon, the Parisian gynæcologist, who says that feminine beauty is departing from the world because of cocktails, cosmetics, and late hours.

The proportion of women who habitually risk even one of these dangers is so small that there will still be a few soap-and-water, teetotal, early-to-bed beauties to transmit their good looks to another generation.

Moreover, women of the luxurious classes are taking more open air and exercise as antidotes to their cocktails than well-to-do women have taken before in the world's history.

Nature's Way.

Dr. Peillon is probably right, however, when she says that maternity is a natural beautifier. Most famous beauties have been at their loveliest when they had young children.

There is a famous French actress who, it is declared, looks in her mirror and decides on another baby as some women decide on massage or face lifting.

More interesting still, there are at least two English women novelists who declare that a baby increases their mental energy.

Dangers to Avoid.

Rheumatism, in children especially, is by far the most common cause of heart disease.

Over-exertion in the young and in those of advanced age may put a strain upon the muscles of the heart from which it never recovers. It stretches and is not able to assume its normal size, a dilated heart resulting.

A person's normal heart corresponds roughly in size to that of his clenched fist.

Obesity also causes weakness of the heart muscles and so impairs its power.

The whole conception of heart disease has been altered in recent years resulting from the work of Sir James Mackenzie, who at one time was an obscure general practitioner at Burnley.

It was he who invented the first mechanical apparatus for recording heart beats, and from this has sprung the elaborate electrical apparatus, at present used by heart specialists in their study and diagnosis of heart conditions.

Of modern appliances used in the investigation of the heart, X-rays are of the utmost value in determining the size and position of that vital organ.

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Reports of Societies, etc.

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FOURTH ANNUAL REPORT
OF THE L. F. AYURVEDIC DISPENSARY

KOTTAPATAM (GUNTUR DT.,)

For the year ending 31st March 1929—30.

Annual Report :—I am glad to submit to you the fourth Annual Report of the working of the Free Ayurvedic Dispensary Kottapatam, maintained by the Ongole Taluk Board, Guntur Dt, for the year 1929—30.

Building :—The dispensary is furnished with a permanent beautiful building sourrounded by huge shades of trees in all directions presenting a beautiful view.

Income :— No money is taken from the patients for treatment in this Dispensary. Although this Dispensary is an Ayurvedic one, Western Medicines are also administered and surgical operations are performed to suit the mentality of patients. The services of qualified midwife are at the disposal of the public in labour cases.

In-patient wards :—The dispensary has no in-patient wards for the present. The poor and the helpless may be benefited if the Board provides two beds for the in-patients. In this connection the Taluk Board was being moved for the last 3 years and this year only proposals for the construction of in-patient wards for this Disensay were received by me on my request from the Principal, Govt. School of Indian Medicine, Madras, which were already submitted to the Taluq Board, Ongole and I hope at least this year the Taluq Board will comply with the above wants and thus help the poor patients of surrounding villages.

Inspection :—The Dispensary was inspected last year through Dr. A. Laksimipathi B. A., M. B. C. M. Bhishagratna, Principal, the Madras Ayurvedic College, Madras.

The inspecting officer was very much pleased with the working of this institution and its progress and has recommended for the construction of sick wards for males and females separately and a kitchen (Pakasala).

In this connection, I request you to refer to the opinion of M. R. Ry., Rao Saheb V. Sreeramulu Naidu, an ex-President of Dugole Taluk Board, published elsewhere in the report under visiting remarks.

Grants to indigenous institutions :—The budget allotment for 1930—31 is Rs. 10,028 as grant for indigenous institutions in this Presidency and this shows their sympthy in promoting the cause of Indian medicine.

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Further, it might not be forgotten in this connection that the regeneration of the indigenous system of medicines in Madras was due much to the Government of Madras, which is the pioneer Provincial Government to recognise the claims of Ayurveda.

The above mentioned amount will be given to the following institutions for this year. (1) Arogya Asramam at Avadi ; (2) Two Ayurvedic Dispensaries under Nannilam Taluq Board and (3) Five Ayurvedic Dispensaries under the Vizagpatam Taluk Board.

In this connection the Taluq Board Ongole is requested to ask the Government for grant to build the in-patient wards of Kottapatam Ayurvedic Free Dispensary.

Avadi Arogya Ashramam :—As there are no facilities here for maintaining the cow given by M. R. Ry. N. Ranganadham, a Vysya of this place and now a resident in Secundrabad, for this Dispensary, last year for the sick, I have determined to send the cow for the use of the inmates of Avadi Arogya Ashram this year.

I acknowledge my sincere thanks to the Editors of the following Newspapers and Medical Journals which are sent free for use of the patients in the dispensary.

Telugu :—(1) Thrilinga, (2) Sree Dhanwanthari, (3) Kowmodaki, (4) Ayurveda Chandrika, (5) Andhra vaidya Sammelana Patrika and (6) Andhra Patrik Daily.

English :—(7) The Journal of Ayurveda (Cal.), (8) Andhra Medical Journal (Madras), (9) Park Davis Therapeutic Notes (Bombay), (10) The Journal of Organotherapy (U. S. A.), (11) The Therapeutic Review (U.S.A.), (12) The Bloodless Phlebotomist, (13) The Doctor (U.S.A.), (14) The World Medical Topics (U.S.A.), (15) The Clinicist (N. Y), (16) Topical Therapy and (17) Medical Suggestions (London). Of the above, 5th, 6th and 7th papers are subscribed by the donation of the Medical Officer and the 7th by the Ongole Taluk Board and any body undergoing treatment in the dispensary can have the benefit of the above papers by applying to the medical officer in charge.

Expenditure :—The number of patients treated during the years 1928-29 and 1929-30 is 16770 and 16575 respectively and the cost of treatment per head is 0-0,4-4, pies. This year 267 operations were performed.

Lastly I must express my sincere thanks to Dr. Ramayya Naidu Garu, retired Assistant medical officer, Raipur (C. P.) who was a native of this place, for his valuable assistance in many of the surgical cases treated here. But since I came to know of his sudden and premature death at his residence in Raipur in March last I feel extremely sorry and express my sincere condolence to his bereaved family and hope his soul may rest in peace.

Dr. N. Kesavacharlu, A.M., A.C., & L.C.P.S. (Cal).

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News & Notes

—:o:—

MEMORIAL OF GRADUATES OF MADRAS AYURVEDIC COLLEGE

To

THE HONORABLE THE MINISTER TO THE GOVERNMENT OF MADRAS, PUBLIC HEALTH.

The humble memorial of the graduates of the Madras Ayurvedic College working as physicians of the Ayurvedic dispensaries under Local board and Municipality.

MOST RESPECTED SIR,

WE have undergone training in the Ayurvedic College, Madras, for a period of 4 years, sat for the examinations under the direction of the "All India Ayurveda Vidya-Peetham" and obtained degrees of Ayurveda Bhushana, Bhishagwara and Ayurveda Acharya, Bhishak or Visarada. The tuition and practical training given to us is in no way less than what is given to L.I.Ms in Govt. School of Indian Medicine, as it covers a wide field, namely (1) Ayurvedic medicines, (2) Nidanam (or Diagnosis), (3) Materia Medica, (4) Chemistry, (5) Physiology, (6) Hygiene, (7) Preparation of Sastric Ayurvedic medicines, (8) Salyatantra or Surgery, (9) Prasutitantra or Midwifery and (10) Agadatantra or treament for poisons.

The syllabus for the examinations which we passed is almost the same as that prescribed for the L I.M. Examination of the School of Indian Medicine. But we must confess that we have had not very good opportunities of Hospital training in major surgery and midwifery. In all other respects, the training and the experience we have gained are in no way inferior to those of L.I.Ms.

After we have been appointed as physicians in Ayurvedic dispensaries, statistics both in medical and surgical side show that the attendance and the number of cases successfully treated compare very favourably with those of other Dispensaries, whether under L I.Ms or L.M.Ps. (Some of us are at present professors in the Govt. School of Indian Medicine.)

Our humble request is that we should be placed on a par with L. I. Ms and the privileges that are now granted to the L.I.Ms should be extended to us also, so that our prospects may be safeguarded, as we are in no way inferior to L.I Ms and certainly deserve better treatment as we are seniors. If, however, the Government decide that we should have post-graduate training in surgery, midwirery and other allopathic subjects, we submit that we may be allowed to undergo the said Post-graduate training for a period of one year in the School of Indian Medicine to qualify ourselves, for all the privileges now granted to and enjoyed by the L.I.Ms. We may also submit that we have the required knowledge in English for such Gurukkanga as most of us are candidates with

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S. S. L. C. qualifications or otherwise have acquired sufficient knowledge of English.

Station } We beg to remain, Respected Sir,
Date }

Your most obedient servants.

Copy of the memorial may be had on application with one anna stamp to Dr. N. Keshavacharlu, Medical Officer, L. F. A Dispensary, Kottapatam, (Guntur Dt.).

QUESTIONNAIRE OF DRUGS ENQUIRY COMMITTEE
For The Medical Profession

(Kindly return duly answered and signed.)

Questions.	Answers.
1. Have you any occasion to think that your patients are getting drugs and chemicals of defective strength and impure quality ?	
2. What personal experience have you of adulteration or inferior quality in medicinal preparations ? Please give details :	
(*a*) Pharmacopœial preparations.	

Indian Manufacture.		Imported.	
Inferior quality.	Adulterated.	Inferior quality.	Adulterated.

3. What is your opinion regarding the biological products offered for sale in India ? Have you ever had any reason to believe that they are not of the proper strength ?	
4. Do you feel that there ought to be some legislation to control the potency and purity of drugs and chemicals manufactured locally and imported from abroad ?	
5. Do you consider that control of therapeutic agents on the lines enacted in such countries as Great Britain, United States of America, etc. is desirable in this country ?	
6. If not, what suggestions have you to put forward regarding such control ?	

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7. What is your opinion regarding standardisation of various preparations made from drugs used in the indigenous medicines, on the Indian market ? Do you use them much ?

8. Are you aware of any cases where such preparations were proved to be inactive or harmful ? Do you think it is possible to control them in the same way as the pharmacopœial preparations ?

9. What is your opinion regarding the increasing sale of proprietary remedies, particularly those with secret formulæ, on the Indian market ? What control in your opinion should be exercised over them ?

10. Have you had any experience of inaccurate dispensing ?

11. Have you any other remarks to make with regard to the purity of drugs in general or any other matters in this connection ?

Signature.

N. B.—If the space alloted for replies is insufficient, kindly write on a separate sheet and attach.

QUESTIONNAIRE

I. To be answered by Manufacturers of drugs and chemicals.

QUESTIONS	ANSWERS.
1. State as nearly as possible your annual output of the following :	
(a) Tinctures and other spirituous preparations.	
(b) Liquid Extracts.	
(c) Solid Extracts.	
(d) Meneral Acids.	
(e) Inorganic Chemicals.	
(f) Organic Chemicals.	

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(g) Alkaloids.
(h) Organic Antimony and Arsenic compounds.
(i) Organo-therapeutic products.
(j) Vaccines and Sera.
(k) Proprietary Liquid preparations.
(l) Proprietary Solid preparations.
(m) Any other liquid preparations.
(n) Any other solid preparations.

2. What difficulties do you experience from the following causes :
(a) In obtaining indigenous raw materials of standard quality ?
(b) Due to Customs and Excise regulations.
(c) In connection with any other factors in the drug manufacturing trade.

3. What arrangements have you for the biological control of preparations which cannot be standardised chemically ?

4. How do you obtain your raw-materials ? What arrangements have you for the analytical control of such material and the finished products you manufacture ?

5. State the names and qualifications of all chemists you employ ?

6. How many employees have you in the factory and laboratories ?

7. Do you think samples of raw materials and finished products should be examined at a Central Laboratory ?

II. To be answered by Importers and Dealers.

	Quantity imported per annum.	Value	Country of origin.
1. State as nearly as possible the quantity imported per annum, approximate value and country of origin of the following :			
(a) Tinctures and Spirits			
(b) Liquid Extracts			

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(c) Solid Extracts.
(d) Mineral Acids.
(e) Ignorganic Chemicals.
(f) Organic Chemicals.
(g) Alkaloids.
(h) Organic Antimony and Arsenic compounds.
(i) Organo-therapeutic products.
(j) Vaccines and Sera.
(k) British Proprietaries.
(l) French Proprietaries.
(m) German Proprietaries.
(n) American Proprietaries.

2. Give names and addresses of firms for whom you are a special agent.

3. Do you always supply in original containers as received ?

4. Do you buy in bulk and pack under your own name ?

5. What guarantee do you receive of the standard of purity of all imported medicines ?

6. What precautions do you take on receipt, that the goods are up to standard ?

III. To be answered by Dispensing Chemists.

1. What precautions do you take to ensure that all drugs and chemicals used are of standard strength and purity ?

2. How many qualified compounders do you employ ?

Do you think that the profession of Pharmacy should be restricted to duly qualified persons ?

3. What is the average number of prescriptions you dispense a day ?

4 What system of check do you employ in dispensing ?

5. What difficulties do you experience from the Poisons Regulations ?

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IV. GENERAL

To be Answered by all.

1. Do you consider that control of therapeutic agents on the lines enacted in such countries as Great Britain, United States of America etc., desirable in this country ?
2. If not, what other suggestions have you to put forward to ensure the purity and activity of all medicinal substances manufactured or imported ?
3. What is your opinion regarding standardisation of various preparations made from drugs used in the indigenous medicines, on the Indian market ?
4. Are you aware of any cases where such preparations were proved to be inactive or harmful ? Do you think it is possible to control them in the same way as the pharmacopœial preparations ?
5. What is your opinion regarding the increasing sale of proprietary remedies, particularly those with secret formulæ, on the Indian market ? What control in your opinion should be exercised over them ?
6. What personal experience have you of adulteration or inferior quality in medicinal preparations ? Please give details :
   (a) Pharmacopœial preparations.
   (b) Proprietary preparations.
7. Have you any other remarks to make with regard to the purity of drugs in general or any other matter in this connection ?

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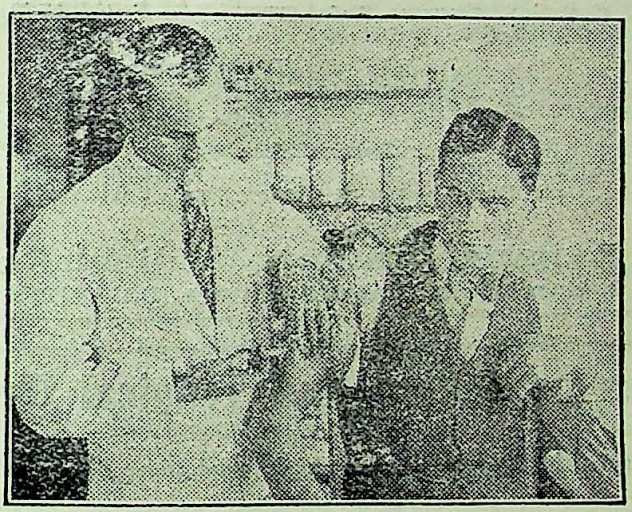

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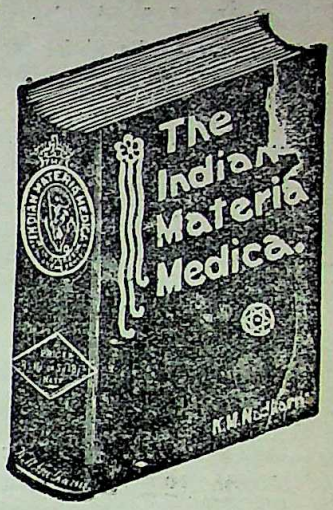

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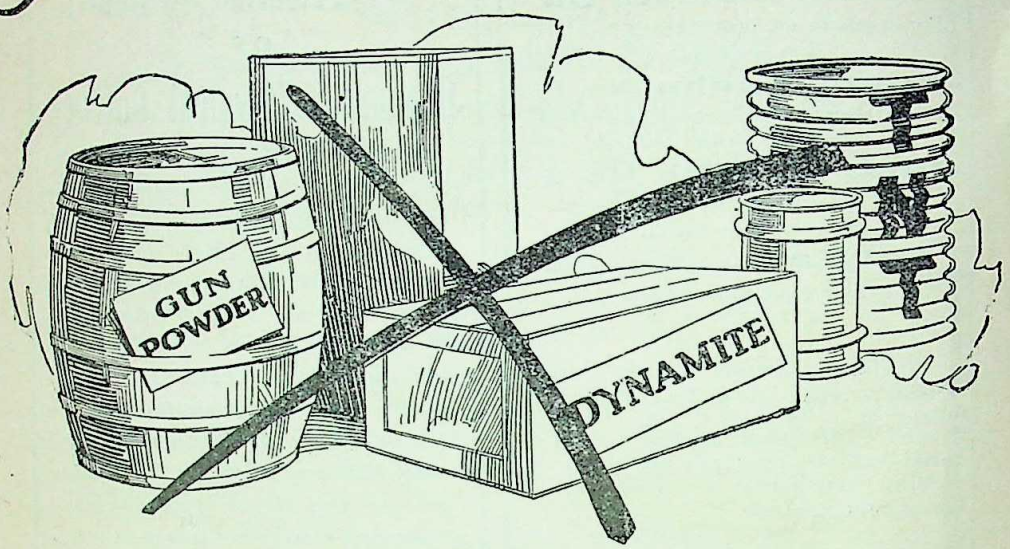

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THE JOURNAL OF AYURVEDA

Vol. VII.] November, 1930. [No. 5.

Here and There

A study of Captain G. Srinivasamurthi's recommendations

It needs no proof that the indigenous medicine is, now a days, much sought after and patronised all over the country. It is realised, though late, both by the government and the people that indigenous medicine is very cheap, easily procurable, wonderfully adapted to the constitution and diet of the people, not to speak of the climatic conditions of the country. It, therefore, augurs well that the Government and the Local Boards are doing every thing in their power to broadcast to the utmost indigenous dispensaries in the country in response to the popular agitation in that direction and in consequence of the strenuous efforts of the exponents of that cause both in the Provincial and Imperial Legislatures and the splendid success that has attended Ayurvedism in native states all along.

The premier Corporation of Calcutta has sanctioned a grant for experiments in the field of Ayurveda besides a grant of Rs. 20,000 every year for the Ashtanga Ayurvedic College. The Bombay Corporation too was not slow to follow the lead It is only very recently that the Madras Corporation sanctioned grants to open Ayurvedic, Unani, and Siddha dispensaries—one of each system—within the corporation limits.

As for the work of Provincial Governments, the Central Provinces has created all facilities for the spread of Ayurvedic and Unani systems. Madras to follow the lead of the Central Provinces has appointed Captain

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G. Srinivasamoorthy, B.A., B.L., M.B., and C.M., Principal of the Government School of Indian Medicine, to investigate and report upon the working of the system in the U. P. After a thorough and elaborate investigation, the learned Doctor, it is understood, has submitted among other things, the following suggestions to the Government in his report :—

(i) That Rs. 50,000 should be year-marked immediately for grants to recognised schools of indigenous medicine.

(ii) That an equal amount be set apart at once for grants to recognised dispensaries of indigenous medicine.

(iii) That full powers be vested with the local boards to employ L. I. Ms. (Licentiates of Indian Medicine) altering G. O. No. 1522 P. H. dated 22-10-1924 which now precludes them from appointing such physicians.

(iv) That the local boards be empowered to supervise and control, in their respective areas, rural dispensaries aided by Provincial grants.

(v) That an Indian Medical Board be instituted to advise the Government on matters such as grants to and progress of Indian Medicine.

(vi) That an exmination for the H. P. I. M. (High Proficiency in Indian Medicine) be held in the Government School for Ayurvedic Physicians of 2 years' standing working in Local Board dispensaries and for holders of L. I. M. of this said school and that special classes be held to train Compounders and Nurses for indigenous dispensaries.

(vii) That early steps be taken to register practitioners of Indian Medicine.

(viii) That arrangements be made to give the benefit of Post Graduate Training in Western Medicine to private practitioners of the several systems of Indian Medicine.

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(ix) That a Central Pharmacy of Indian Medicine be instituted at Madras to prepare and supply indigenous medicines to the dispensaries in the Presidency, and

(x) that provision be made for sick wards at the head-quarter hospitals in the province so as to experiment the efficacy of indigenous medicine on chronic diseases.

As regards suggestions 1 and 2, G. O. dated 8-4-29 is clear that provision for the required amounts could not be made in 1929-30 budget since no applications for grants had reached the Government in time either from local boards or private agencies ; and that if at any rate, such applications are forthcoming, the inclusion of the amount in 1930-31 budget would be considered ; that provision is made in 1930-31 budget for Rs. 10,028 for grants to the Avadi Arogya Asramam, the two Ayurvedic dispensaries under Naunilam Taluk Board, the 5 dispensaries under Vizag. Taluk Board, surely an encouraging step in that direction.

As regards suggestions 3 and 4 nothing need be mentioned except that Dr. G. Sreenivasamoorthy was not charitable enough to extend his recommendation to non-L. I. Ms. possessing degrees of other Ayurvedic Colleges.

Suggestion 5 :—The Indian Medical Board must be purely an advisory body on matters relating to appointments in the dispensaries of local boards and the allotment of grant to schools of Indian Medicine. It is felt that the present body controlling the Government School of Indian Medicine is not an all-representative one, in so far as it does not contain even one independent Ayurvedic practitioner holding degrees of other colleges, and as such a representative body of persons from the various systems and groups (Ayurvedic, Siddah, and Unani, Government servants and independent practitioners) is quite essential.

It is a happy feature to note that suggestion 6 has received proper attention by the Government The

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examination for the H. P. I. M. is organised and provision is also made in the Government School of Indian Medicine for the training of Compounders at present on indigenous lines.

Suggestion No. 7 :—To the interpellations of Messrs. G. Harisarvothama Row and Basher Ahemad who were then in the Council, the Hon'ble the Minister has replied that the registration of holders of degrees of the Government School of Indian Medicine only will be considered. Of the 112 physicians working in the 112 dispensaries under local boards in this Province only 33 are holders of degrees of the Government School. The fact that the rest are also equally qualified men who have undergone training for 4 years both in the theory and practice of medicine under able masters of the type of the late Vaidyarathna Pandit D. Gopalcharyulu, and Bishagrathna Dr. A. Lakshmipathi, and that they are discharging their duties with no less ability and success does not seem to have appealed to any of the Hon'ble members of the Legislative Council to win for them equal rights and privileges with those of L. I. Ms. and this is, to say the least, highly regretable.

What the newly elected legislature is going to do remains to be seen. If the new legislature is in any way earnest about its gratitude to the invaluable services of the late lamented Rajah of Panagal and Pandit D. Gopalachary in the field of Indian Medicine. it should spare no pains to win for all qualified physicians of Indian medicine—be they trained in Government or Private institutions, equal privileges and rights by statute.

Suggestion No. 8 :—In the 19th All India Ayurvedic Conference held on the 20th May 1929, it was announced by Captain G. Sreenivasamoorthy, the president, that the suggestion was engaging the attention of the Madras Government. But later, to a memorial submitted by some graduates of indigeneous medicine for the post-graduate course in Western medicine, the Government

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replied that they were not prepared to open the course.... Though Captain Sreenivasamoorthy is, on every occasion given, pressing on this suggestion, the Government seem to be very indifferent. The Government have to understand that if Captain Sreenivasamoorthy's proposal is sanctioned and post-graduate course be given to the already existing graduates in Indian Medicine from other colleges, it will have, within a year, a pretty large number of hands at its disposal.

Suggestions 9 and 10 have not received any attention of the Government.

Captain Sreenivasamoorthy, whose strenuous efforts to the advancement of Ayurveda are highly appreciable does not seem to extend his sympathy to non-L. I. Ms. It is not equitable and fair that any such nice distinction should be made between Government Graduates and private graduates who are equally qualified, equally capable and competent, and equally successful in their profession. Further the argument that non-L. I. Ms. have not received any training in surgery, does not stand in the way of their being employed even in rural dispensaries, firstly because all major operations are to be sent to the nearest Government hospital, secondly, they are equally competent to handle minor operations, and are empowered to issue certificates to local board servants and so in all these respects they are in a par with L.I.Ms. It is an anomaly, when graduates of private institutions are found competent to be the authors of Government graduates (professors of the Government School of Indian Medicine) to say that private graduates are not competent to be eligible for the privileges and rights of the Government graduates.

Kottapatam, 6-11-30 } VISHAGWARA N. KESAVACHARLU, A.M.A.C., L.C.P.S. (Cal.)

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(*Continued from our September issue*).

क्षुष्ठ सुच्छज्विरोत्क्लेशदाहपित्तकफाञ्जयेत् ॥
क्लेदमेदोवसामज्जशुक्रन्मूत्रौषपूयः ।
लघुर्मेध्यो हिमो रूक्षःस्तन्यकंठविशोधनः ॥ (अ. हृ.)

i.e. Tikta or the Bitter *Rasa* is chhedana or the dispeller of (filthy) accumulation, remover of loss of appetite, stimulant, purifier, as also the reliever of itching, urticaria, thirst, faint, and fever, purifier of the human milk, drier of filth, urine, wateriness, fat, *Vasa*, pus ; it is germicide and destroyer of poison, appeaser of heat, is light (to digest), increaser of intellect, cool in *Veerya* ; it is also dry and cleaner of the throat. If all these qualities are taken collectively into consideration, we shall know that this *Rasa* is the cleaner of the accumulated refused particles after having created absorption and dryness or rarinesss. But at the same time, it does not create heating sensation. Its cooling property is comparative, meaning not creating heat, as it does not increase coldness when eaten. The liquid stage of Pitta which causes heat, is dried by this Rasa and is thus dispelled. This is the point in calling it cool. It is not cool in the sense in which Madhura Rasa is cool. This will be cleared on seeing the diseases produced from its excessive use. The diseases from its excessive use are :

धातुक्षयानिलव्याधीनतियोगात्करोति सः। (अ. हृ.)

(meaning that this Rasa creates wastage of the bodily Dhatus and produces nervous diseases from its excessive use). But those from the excess of Madhura Rasa are :

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अरुतेऽत्यु पयोगेन स मेद: कफजान्गदान् ।
स्थौल्याग्निसाद संन्यास मेहगंडार्बुदादिकान् ॥ (अ. हृ.)

(meaning, the excessive use of the Madhura Rasa produces many diseases caused from fat and Kaph; as also obesity, dispepsia, Sanyasa—a stage of strong faint—diseases of the urinary organs, boils, carbuncles, etc.)

This is, therefore, manifested that coldness in this Rasa shows only that it is *not* hot. It is also to be noted that it produces nervous diseases *i.e.* such of them as are caused from the wastage of the Dhatus. To drain the body of its fluids, and waste the Dhatus are the demerits of this Rasa, but these are useful in certain stages of diseases by their having the purifying and drying qualities. This purifying quality is also existent in the Amla, Lavana and Teekshna or the pungent Rasa, but all of these Rasas produce a burning sensation in the body in the beginning, after or at all times. This is why it is not included in dietery. It is, however, very important in the medicinal use.

6. KASHAYA OR THE ASTRINGENT RASA.

These are the characters of this Rasa—

कषायो जटयेज्जिह्वां कंठस्रोतो विबंधकृत् । (अ. हृ)
यो वक्त्रं परिशोषयति, जिह्वां स्तंभयति, कंठं वघ्नाति,
हृदयं कर्षति पीड़यति च स कषाय: । (सुश्रुत:)

i.e., The Rasa which as soon as it comes in contact with the tongue causes heaviness in it, contracts the cells of the throat, causes dreariness to the mouth and pains the heart, as if it were pulled off, is the Kashaya Rasa. These properties of this Rasa are quite clear. Its causing heaviness of the tongue shows that it is earthen. But instead of giving a feeling of wetness, ooziness or hotness, it creates absorption. This will bring home to the mind easily the abundance of वायु that has drying quality along with that of earth having heaviness. This is why it is described as

पृथिव्यनिलगुणबाहुल्यात्कषाय: । (सुश्रुत:)

Though it has got पार्थिव properties, it is not of material use, because of its association with वायु. The earthen property is nutricient, but this Rasa is not so because of its association with Wind of the piercing property. This Rasa is also in some way a purifier. Its first action that takes place is heaviness, and it brings dullness (the tissues are rather pressed). It has no

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wetness but on the contrary it will cause to dry on account of Wind. This shows that this earthen heaviness has some dullness or bluntness, and the same diminishes movement or sensation. This means that this Rasa also has got no productivity. On the contrary, pressure and bluntness resulting from it cause dryness-being the lasting property of Wind. It, however, helps to purify by this quality in some places where there happens to be (unnecessary) wetneess. It does not produce heat, but the dryness that it causes is also with the association of earth and, therefore, it is helpful for the purification in some other sense. The wetness is removed by the contraction caused from pressure and at the same time filthy water is excreted from the tissues by this pressure. This is only what is meant by its purification. It does not separate the wasted particles connected with the bodily tissues. When there is no separation, how can there be excretion? If this point is taken into consideration, this Rasa cannot be said to be wholly purifier. The water serum increased in the impure form and the greasy Dhatus come out by the pressure of this Rasa, and their purification is very easily and harmlessly effected by this Rasa. This Rasa is the purifier of the liquid Dhatus such as Rasa, Blood and the greasy ones such as fat and marrow. Besides, its special qualities are that it has no heating sensation nor does it create looseness. But the same qualities do not help to clear off the refuse that is hidden in the Dhatus, but on the contrary it causes an obstruction to their purification, because it contracts the tissues. In this way, this is a very peculiar type of Rasa. Heavy but dry, purifying but not heating nor excreting, it contracts the cells but does not create accumulation (of waste), does not produce wateriness, swelling, etc. The best useful quality of this Rasa is that it heals wounds. The substance that presses the margins of wounds by its contracting and pressing properties would heal them. Besides, if the wound is affected, it removes away the collection of serum, puss, etc. from the same. In this way, cleaning of the wound and healing it, are two purposes served by this Rasa. The properties of the Kashaya Rasa have been given with reference to this principle. They are :—

कषायः पित्तकफहा गुरुरक्तविशोधनः।
पीडनो रोपणः शीतः क्लेदमेदोविशोषणः॥
आमसंस्तंभनो ग्राही रूक्षोऽतिलवणसादनः। (भा. प्र.)

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कषायः संग्राहकी रोपणः लेखनः शोधनो
लेखनः शोषणः पीडनः क्लेदोपशोषणश्चेति। (सुश्रुत)

i.e., The Astringent Rasa is the diminisher of Kapha and Pitta, heavy, purifier of blood, presser, cold, drier of serum and fat, causing bluntness of *Ama* or obstructing its excretion ; it checks discharges, it is dry, cleaner of the skin as also causes bluntness in the body. Thus, all the six Rasas have been delineated in short.

What do qualities of Rasas of the substance mean ? The answer is, the general or the whole bodily action to be effected on the body as suggested by the tongue as soon as a substance comes into its contact. The Rasa in each substance means the minute particles of the five Great Elements in mixed form in their dissolved state, If this definition of the Rasa is borne in mind, it will be easily understood why first of all we must fully discern the Rasa and why it is so important. If the particles of the Five Elements of substances in the form of a mixture are not fully recognised at the entrance, it will not be easy to understand as to how and in what way they will keep their connections with the bodily particles of the same Elements and then resistance will also be impossible. For this reason, the Rasa must be recognised at the outset. Tongue does this work best.

रसो निपाते द्रव्याणाम्।

(*i.e.* Rasa is realised by its nipata or falling on the tongue). So also,

तम व्यक्तो रसः स्मृतः। (अ. हृ.)

(*i.e.* that which is clearly perceptible by the tongue is Rasa). The wide meaning of these definitions must be well remembered. The significance of the Rasa—'meaning Ruchi or taste" must also be taken into consideration and realised. Truly, Rasa means the substance and the same is alone useful to the body. Just as the Doshas (Vata, Pitta and Kapha) are more important than the Dhatus and Malas with which they are closely related, in the same way Rasas are important in substances to which they are associated. They alone act on the bodily Dhatus.* The substance is their resort. If the Rasa is meant for the action of the substance on the tongue only, then what is it that enters the body ? If there is anything else that enters, is it referred

* Matter is their substratum.

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to by any other name by the authors ? So then Rasa is the only chief factor of the substance, and the divisions formed to recognise the actions of the same are six, *viz*,, Madhura, Amla, Lavana, Tikta, Ooshana and Kashaya, (Sweet, Sour, Salt, Pungent, Bitter and Astringent).

What order should be adopted in these six numbers of the Rasas ? The substance, it is true, is made up of the five Elements, and if we adopt the order by their solidity as पृथ्वी (Earth), अप् (Water), तेजस् (Splendour or fire), वायु (Wind) and आकाश (Ether), being less and less solid in their gradation, following will be the order :—

1.	Abundance of पृथ्वी and अप्	= मधुर (Sweet)	स्निग्ध + शीत = (Greasy & Cold).
2.	,, ,, ,, ,, अग्नि	= अम्ल (Sour)	स्निग्ध + उष्ण = (Greasy & Hot).
3.	,, ,, ,, ,, वायु	= कषाय (Astringent	शीत + रूक्ष = (Cold & Dreary).
4.	,, ,, तोय ,, अनिल	= लवण (Salt)	= (Hot, inflamating, dry but soft).
5.	,, ,, वायु ,, अग्नि	= कटु (Puugent)	= (Pungent, hot, exciting and dry).
6.	,, ,, ,, ,, आकाश	= तिक्त (Bitter)	= (Dry, Cold—not) hot).

This should have been the proper order. But the ancient authors do not seem to have followed it. Charaka and Sushruta give the order as मधुर, अम्ल, लवण, कटु, तिक्त & कषाय while तिक्त is before कटु in Ashtanga Hridaya—

(रसाः स्वाद्म्ललवणतिक्तोषणकषायकाः । अ. हृ. सू. अ. १ ।)

There does not seem to be, therefore, any particular object or principle followed in the adoption of this order. If the same was given according to the contents of Elements, it would not be so. 2. It does not seem to be so, if seen from the qualities heading with स्निग्ध or greasy. 3. If it is taken to be that they are given from the point of the clear perceptibility of the Rasas the bitter, pungent and sour must have come before salt. 4. This order is not very noteworthy even if it is considered from the stand-point of producing or removing affection. 5. It does not seem to be given in the sense of शमन or tranquiller and कोपन or

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exciter ; and 6. It does not even show its appropriateness even by the disease-producing or health-restoring qualities. We are thus forced to conclude that the order of the Rasas adopted in the Text-Books is quite accidental, and the same would have been followed here having been followed by the ancient authors. But the same is interchanged for the sake of method in the description. The order, if followed according to Charaka and Sushruta, would be—1 Madhura (Sweet), 2 Amla (Sour), 3 Lavana (Salt), 4 Katu (Pungent), 5 Tikta (Bitter), and 6 Kashaya (Astringent).

रसाः स्वादम्ललवण कटुतिक्त क्षषायकाः। (अ ह.)

The above delineation will show that the ancients have followed one method of substances after taking into consideration mixture of the abundance or otherwise of the five Elements of which they are made up, and then fixing their actions upon the body. The guiding direction that they have fixed as appeared from the classification of the Rasas is as follows :—

1. Rasa.	2. Meaning to be adopted from its qualities.	3. Abundance of the five Elements	4. Inference (by means of the tongue).
1. Madhura (Sweet)	Pleasing, gratifying	Earth & Water	Stickiness, Greasiness
2. Amla (Sour)	Shivering, producing	Earth & Fire	To produce water and shivering of the teeth
3. Lavana (Salt)	Heating, Oozing	Water & Fire	To produce water and cause heating
4. Katu (Pungent)	Burning exciting or stimulating	Wind & Fire	Ungling, Exciting the tongue
5. Tikta (Bitter)	Absorbing, dreary	Wind & Ether	To cause cleanliness but despise by tongue
6. Kashaya (Astringent)	Pressing (contracting), dry	Earth & Wind	To make the tongue and throat heavy and dry

In this way generally, the classification of the order of five Elements and their merits is depicted.

(To be continued.)

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

(10) *Capricornus*—He is thin. timid, suffering, mean-minded with broad eyes and stretched arms, careless of society, loves seclusion, powerful, versed in different lore, having little strength, an ornament to relations, ill-advised, handsome, have a bad wife, wealthy, religious, serves the king, fortunate, happy, sparingly charitable.

She—is fortunate and truthful, has ample hair and children, loves good works and pilgrimage.

(11) *Aquarius*—He is addicted to mean errand, uneducated, bloated nose, mean, of small stature and slow habit, courts enemies, rash in action and thought, gambler but helps friends, merciful, poor, modest, but given to anger.

She—is loved by husband, respected by all, has female children.

(12) *Pisces*—He is fortunate, well built, versed in sciences and poetry, attains good fame, flesh-eater, contracts blood diseases, faithful, merciful, clean, handsome, meek, good memory, learned in fine arts, has female children, calm and catholic in views.

She—has got beautiful eyes, respects God and good men and is served by man-folk.

Influence of Tithi (Lunar phase) on Birth.

The lunar phase is nothing but the relative position of the sun and the moon with reference to the earth, each 12° balance being one "Tithi". These are said to have the greatest influence on humanity as showing the relation between soul (represented by the sun) and mind (represented by the moon). The beneficial influence of a "tithi" in which one is born, neutralises the malefic influences he is surrounded with and vice versa.

(1) *Pratipad*—Handsome, well-clad.

(2) *Dwitiya*—Possessed of good qualities, charitable, gentlemanly, famous, head of family, able to subdue enemies.

(3) *Tritiya*—gains king's favour, does good to others, versed in many arts, interested and truthful.

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(4) *Chaturthi*—Derives pleasure in friends, children and women's company, sympathetic, firm, disputing.

(5) *Panchami*—able, handsome, respected, learned, orator, honoured by friends.

(6) *Shasthi*—Learned, great, cunning, famous, truthful wealthy, suffers from skin disease.

(7) *Saptami*—gets female children, feared by enemies, powerful, high minded, god-fearing.

(8) *Astami*—gets wealth from kings, keeps quadrupeds, happy, wealthy, loved, thin.

(9) *Navami*—unmannerly, miserly, cruel, seeks evil to others, great disputer.

(10) *Dasami*—Full of pity, plain minded, handsome learned, wealthy, happy with children, philanthropic.

(11) *Ekadasi*—patient in suffering but insolent, eloquent, happy, supports those working under him.

(12) *Dwadasi*—with children, versed in social arts, liked by kings, abides by his own country.

(13) *Trayodasi*—Handsome, happy, Lazy, artist.

(14) *Chaturdasi*—unmannerly, cruel, deceitful.

(15) *Purnima* (Light)—calm, happy, victorious.

Amabasya (Dark)—weak, suffers from organic defects, unfortunate.

Influence of Season of Birth.

Summer—constructs water works and public buildings, is fond of religious writings and charitable deeds.

Rains—acquires villages and cultivates lands, collects grains, of good heart, respected by friends.

Autumn—Learned, handsome, expert in action, gives instruction, of quiet habit, likes trade.

Early winter—wealthy, healthy, truthful, rich, amiable temper, becomes king's adviser.

Late winter—clean in body and mind, possesses power and wealth, longevity and children.

Spring—handsome, intellectual, happy, enjoying, charitable, loves fine arts and mathematics.

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INFLUENCE OF MONTH OF BIRTH.

Baisakh—handsome, fiery, respecting God and good men, loved by all.

Jaistha—lives in foreign lands, rough yet merciful, wealthy, versatile in thought, obstinate.

Ashar—Speaks much, loves, just, longs for women's company, squanders money which he greatly wants.

Srahan—scorpulent, scrofulous, famous, wealthy, charitable, surrounded by friends and family, respected by all.

Bhadra—austere, calm, happy, courageous, dreaded by enemy, liked by females, kind in heart, ruling disposition.

Aswin—handsome, of keen intellect, liked by kings, versed in arts.

Kartik—good vendor and purchaser, modest in speech, wealthy, handsome, soldierly, versed in different subjects.

Agrahayan—goes to pilgrimage, modest in speech, follows good avocation, has money, friend, followers and secretive.

Poush—always suffering, careful of health, unhappy, thin, charitable, reserved in planning, fault-finding.

Magh—wise, able, ambitious, friendly, of steady habit, plain speaking, calculating, laborious.

Phalgun—charitable, amiable in words, supports good men, well-intentioned, longs to travel in foreign lands.

Chaitra—modest, handsome, keeps good company, executes benevolent works, deep thinker.

(II) THE PLANETS.

The planets were considered as seven in number corresponding to the seven days of the week. In Hindu astrology two other positions of the moon with reference to the earth causing eclipse were considered as planets named Rahu (Dragon's head) and Ketu (Dragon's tail). Uranus and Naptune, Pallas and Ceres were unknown. The sun and moon differ from the wandering stars only in their greater size and lustre and degree of regularily of their movements.

(1) *In relation to temperament.*

Hindu Astrology—

Luna, Mercury and Saturn	preside over	"Satwa" gun
Sol and Venus	„	"Rajo" gun
Jupiter	„	"Tama" gun

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Western Astrology—

Saturn—cold and dry temperament
Jupiter—Hot and moist
Mars—Hot and dry
Venus—cold and moist.

(2) *In relation to humour.*

Eastern—

Sol and Mars preside over "Pitta"
Luna and Venus „ "Kapha"
Saturn and Rahu „ "Vayu."

Another opinion—

Sol (Pitta), Luna (Vayu), Mars (Kapha-pitta), Mercury (Tridosh), Jupiter and Venus (Kapha), Saturn (Kapha-Vayu), Rahu (Vayu).

Western—

Suturn regulates Black Bile
Jupiter „ Blood
Mars „ Yellow Bile
Venus „ Semen
Sol „ Yellow Bile and Blood.
Luna and Mercury regulate Phlegm.

(3) *In relation to Tattwa.*

(a) When air is blowing through right nose which means Pingala or sympathetic irritation.

Sol corresponds to Earth
Saturn „ to Water
Mars „ to Fire
Rahu „ to Air and Ether.

(b) When air is blowing through left nose which means Erah or Para-sympathetic depression.

Mercury corresponds to Earth
Luna „ to Water
Venus „ to Fire
Jupiter „ to Air.

(4) *In relation to Paksha (fortnight)*

(a) *Sukla pakshya—moon progressively waxing.*

1st 2nd 3rd Lunar day
7th 8th 9th „
13th 14th 15th (Full moon)

1st hour Erah (air blows through left nose in health)
2nd hour Pingala (air blows through right nose in health)

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So that health and ill-health are ascertained and prognosed. This continues alternately for 24 hours, beginning with sun-rise varying with every day and locality.

4th 5th 6th 10th 11th 12th	1st hour Pingala 2nd hour Erah

(*b*) *Krishna Pakshya—moon progessively waning.*

1—2—3 7—8—9 13—14—15	1st hour Pingala, 2nd hour Erah and so on
4—5—6 10—11—12	1st hour Erah 2nd hour Pingala and so on

Variation of any of the above means disease or ill-heath. This could be judged by every one.

(5) *In relation to Epoch of life.*

Mercury presides over boyhood
Mars „ Youth
Luna & Venus preside over past youth
Sol, Saturn & Jupiter preside over old age.

(6) *In relation to colour.*

Sol (Reddish white), Luna (yellow), Mars (coppery red), Mercury (Blue), Jupiter (purple), Venus (Green), Saturn (Blue), Rahu (Black), Ketu (smoky).

Colour therapeutist or chormo-therapist believes in the effect of colours on health of man

In the Nabagraha *stotra* is described the colour of each planet.

(7) *In relation to metals and precious stones.*

Western—

Saturn (Lead and all black and dark blue stones)
Jupiter (Tin, Sapphire, amethyst)
Mars (Iron, Jasper, magnesia)
Sol (Gold, Carbuncles, crystalite)
Venus (Copper, torquoise, Coral)
Mecury (Mercury, cornelia)
Luna (Silver, beryl, pearl)

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Hindu—

Sol is propitiated	by "manick"
Luna	by pearl
Mars	by coral
Jupiter	by "Pokraj"
Venus	by Diamond
Saturn	by Iron
Mercury	by "Nila"
Rahu	by Gomedh
Ketu	by Baidurjyamoni

Metals and precious stones are used to propitiate planets. The marwaris are great believers of these things and use various rings set with stones in their fingers. It is believed by some people that metals and stones in contact with the body set up faint electric currents and thus overcome the malevolent influence of planets.

The general belief in our country that certain colours are lucky or unlucky for particular individuals is not altogether a superstition. From chromopathy we know that certain colours produce definite physical effects and these we have discussed elsewhere under charms therapy. But the theory of colour as a charm has an astrological origin.

In astrology each of the planets as well as each sign of the zodiac has a particular colour attributed to it and that colour seems to be harmonious to those born under the influence of the planet or the sign. Why the different colours had been assigned in the manner that they are, cannot be ascertained at present. We can explain some of these. For example the colour red for Mars is fairly obvious. The colour of the sign Aries of which Mars is the presiding planet is also red. Jupiter being the chief of the planets has the royal purple as a tribute to his majesty, but the assignment of others is less easy to trace.

Astrologically it is taught that colours have power over disease, that each ill to which the flesh is heir, is influenced by the planet to which the colour belongs. If we believe in chromopathy, that is, if colours can cure diseases, it can produce diseases also. All this was mapped by the old Astrologers, but the modern world sneer at those beliefs.

Fifty years ago medical Science was particularly sarcastic that red flannel relieves Lumbago, but white flannel does not. No

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one believed that the colour prevailing in a sick room had any influence on the disease. Since Fairsu's observation we hang red purdas over the doors and windows of a patient suffering from pox. We expose the bare skin of the Tubercular and rachitic to natural and artificial sunlight. We admit that green is soothing to the sight and we prescribe green coloured cloth to suspend on the eyes of one suffering from ophthalmia. Cancer (Sign) is in relation to eye and persons born under Cancer are very susceptible to eye disease.

Today all these are changed and medical man cannot deny the benefit of colours in the process of healing.

Colour in relation to Signs.

Black is the colour of Saturn and it is fortunate for those who come within the influence of the planet, especially if born under Capricornus. Aquarius or Libra. These people work their best when using or wearing dark shades and their choice of rooms will be those with dark walls.

Black is unlucky for children's wear as Saturn is antagonistic to childhood. Black was unknown as a mourning wear in Europe until about 4 centuries ago.

Blue is the colour of Venus, and the paler shade of Mercury. Blue is considered a lucky colour.

Brown is one of those dark colours which are lucky for those born under Cancer, Libra, Scorpis and Capricornus. As a rule russet brown is considered fortunate, except for those born under Cancer, who should choose the lightest tint *e.g.* fawn.

Green is unlucky to all except those born under Cancer, Leo or Sagittarius. It is malevolent if green is mixed with white. Green is considered the colour of lovers, in as much as green stands for jealousy and young newly married people are very jealous. "Jealousy and love are intermingled."

Silvery grey is fortunate to those born under Gemini.

Purple is fortunate to those born under the influence of Jupiter and unfortunate for those born in Libra.

Red is fortunate for those born under the influence of Mars. It is irritating for those born under Libra or Taurus, vide "red rag before a bull" (Taurus). In the East, red is the colour of magic. In medicine, red is heating. Red is symbolical of triumph and victory over enemies.

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White is the emblem of purity and hence of Virgo. It is also related to Luna.

Yellow is the colour of Sol. It is lucky to all born under Leo or Sagittarius.

THE UTILITY OF GEMS IN THE ART OF HEALING

The gems or precious stones are freely used by vaids and hakims in medicine.

Special properties of different gems are enumerated in the *Hindu "Ratna shastras"* as follows :

Ruby is sweet and cool, regulates the action of Vayu and Pitta and lengthens life.

Pearl is cooling, cures Eye-disease, specific for Phthisis, strengthening, enervating and nutritious.

Gomed (zircon) is heating, regulator of Vayu, is appetizing and digestive

Pushpa-rag (Topaz) is cooling, regulates Vayu and is appetizing.

Coral is strength-giving, regulator of Kapha and Pitta and imparts gracefulness to the person.

Vajra (particular variety of diamond) improves digestion, prevents premature old age.

Sapphire—produces energy, regulates cold and biliousness.

Lapiz Lazuli is regulator of bile.

Emerald is cooling, purgative, helps digestion, prevents biliousness, appetizing and nutritious.

Cats' Eye—produces energy, cures cold and Vayu and is specific for renal colic.

Surjyakanta is cooling, stops epistaxis and hæmatemesis.

Crystal increases strength, cures biliousness, prickly heat and fistula.

Vaikranta is good in Phthisis, Leprosy.

Onyx is a remedy for Epilepsy.

Blood stone—strengthens stomach if hung round the neck.

Jade (Nephrite, is good in kidney disease.

(*To be continued*).

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REPORTS OF CASES.

A CASE OF DYSPEPSIA (AMLAPITTA) TREATED ACCORDING TO AYURVEDA

BY

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——:o:——

The Journal of Ayurveda, in its August, 1930, number has cast before the Medicial proffession a subject worth attention—"Incompatible Diet." Much attention is paid by Ayurvedists with regard to dietary on their patients, which helps cure of deseases rapidly, and helps the medicine administered to have its action freely.

I wish to give a case, where dietary played an important part.

Age 42. Sex. Male. A chettie Merchant.

Privious history unknown. Complained of indigestion, sour eructations, a burning sensation in the chest, constipation, loss of appetite, disgust for food etc. The patient explained to me of the diet he was accostomed to, which was, rice and curry composed of animal diet followed by milk and fruits. He best enjoyed a fish-dish.

The treatment was— ; I put him under Langhan (fasting) by restricting the dish he loved best for a week, stopped all animal and fish diet.

And gave him a mixture of—

Pancha Lavana	dr. xiv.
Extract of Ajwan	oz. xiii.
Kashya Lavanga	oz. ii.

dose I oz. 3 times daily after meals. After a week he improved and enjoyed a better digestion. Opened his bowels by a purgative and gave him

Bhaskara Lavana Churna and Agnitundi-Vati

As he wanted a change in the diet, I allowed him to take animal diet and forbade him from taking any milk or fruits.

Thanking the editor for the space he gives me.

———

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Health and Hygiene

—:o:—

MOTHERHOOD.

The Report of the Departmental Committee on *Maternal Mortality* of England makes dismal reading.

The main finding of the Commitee—isolated from medical discussion—is that, "of the cases of death brought under their notice, not less than one-half are preventable." About three thousand mothers a year die in childbirth !

The remedy suggested is the one that always *is* suggested after a review of lamentable facts.

The "State"—meaning of course the taxpayer—is to intervene with a National Maternity Service.

Huge sums are already spent in that way—apparently without much success. Would an elaborated and "unified" system, involving expenditure which the Committee consider it beyond their business to estimate, establish a securer protection for ignorant mothers, in homes where the elements of pre-natal care are ignored ?

We do not see how a vast protective maternity scheme could cover every home.

But the preventable loss of life is much too high, and we hope that silly clamour about the need for a higher birth rate may modify itself into a demand for the saving of those who disappear under the present rate—the death rate of mothers and babies.

Belated Help for Mothers

An important point in the interim report of the Committee on *Maternal Mortality* is the recommendation that medical students must devote six months of their training entirely to obstetrics and spend two months in a maternity hospital.

At present the off-hand manner in which many students get through the number of external maternity cases required for their qualification as general practitioners rouses indignation in women who happen to know much about it.

The medical curriculum is already overloaded, but it must be possible to substitute a longer midwifery course for something of less public importance.

Wastage of Lives.

Another item in the report is especially hopeful. This is the statement that 48 percent of the present deaths *in childbirth* are *directly preventable.*

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When the first outcry against the scandalous maternity death rate broke out there was a good deal of mysterious professional head-shaking which gave a depressing feeling that the matter was beyond human ingenuity to mend.

If women had done nothing else with their citizenship than call attention to this cruel wastage of lives just when they are of most importance to the community, their new status would be justified.

Live Well—or Live Long ?

Dr. Paul Rouchakoff, in a report to the Pasteur Institute, states very definitely that cooked foods introduce toxic products into the blood and consequently shorten life by wearing out the body's powers of resistance.

He believes that the average span of life should be 140 to 160 years, provided that only uncooked foods are taken, and bases his theory on the fact that after taking cooked foods the number of white corpuscles in the blood is increased, a process imposing a great drain on bodily strength.

This was Shelley's view, and he regarded Prometheus as having cursed mankind by bringing the fire from Heaven with which food could be cooked. But there are many of us who will prefer the arts of the kitchen to any amount of longevity.

Airplanes as Disease-carriers.

Modern science has made great progress against disease, but it also brings new dangers in its train, and I am not surprised to find Sir Peter Chalmers Mitchell talking of the risk of infections being carried by motorcars and airplanes.

I understand that the permanent committee of the International Office of Public Hygiene is considering this question.

The incubation periods of such diseases as plague and cholera make it impossible for them to be carried by the ordinary means of travel from, say, Rangoon to Australia.

But the swift-travelling airplane removes this check.

Mosquitoes.

Some alarm has been caused by the possibility of mosquitoes, carrying the germs of malaria or yellow fever, being brought from one continent to another by air. But I think it is remote.

They are rarely found on ships after three days at sea, and they would hardly remain as long as that on an airplane.

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Look after your Heart.

The heart lies in the chest cavity between the lungs and behind the breast bone, which almost, but not quite, covers it, especially on its left side.

The heart is a muscular organ and contains four chambers. Blood from the veins is poured into the right side of the heart and there it is pumped into the lungs.

From there it is carried to the left side of the heart, from which it is forced by muscular contractions all over the body.

A series of valves separating these four chambers and the main blood vessels allow the flow of blood only in the requisite direction.

It will readily be seen that any weakening of the muscles of the heart or any deficiency of the valves will greatly impair its functions, and it is to these conditions that the term heart disease is applied.

The Magnet in Surgery.

The idea of using magnets for the extraction of metal foreign bodies from various parts of the human anatomy (a Viennese surgeon has by this means removed a bullet from a man's head) is very old, but in spite of great opportunities for use during and after the war the method has not, I think, been extensively adopted.

Perhaps tt is one of those experiments which are better in theory than practice.

A medical friend tells me of an ingenious probe which, by means of an electrical attachment, rang a bell immediately it touched metal in the body. But this method does not seem to have made great appeal to surgeons, either.

Quinine and Malaria.

There was no comment at the luncheon to Sir Ronald Ross, in celebration of the discovery 33 years ago of the malaria germ, on the fact that this year is the 300th anniversary of the discovery of quinine.

There are about four specific cures known for the disease, and the discovery of quinine was of immenese importance. Sir Ronald Ross showed the means of preventing the ravages of malaria ; quinine saves those who have been unfortunate enough to contract it.

Twelve Ways of Inducing sleep.

I Always have great difficulty in getting off to sleep, so I have made a collection from my faiends of different ways of inducing sleep, and I use them turn and turn about.

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Some are more efficacious than others, but most of them are worth trying. Some are distinctly funny.

The first is the most common, imagining a number of sheep running through a gap in a hedge, and counting them as they go.

The scond way of getting off to sleep is to get up, go to the window and take about ten slow breaths of the outside air.

The third way is to fix one's mind on an imaginary bright object, and almost hypnotise oneself to sleep.

Marathon on the Stairs.

One bad sleeper I know nearly always drops off after drinking a cup of very hot weak China tea, which she makes on a little spirit lamp beside her bed. I have never tried this, as I fear the tea would have the opposite effect on me.

Another friend always sends himself to sleep by repeating the following doggerel several times :—

One, two, buckle my shoe. Three, four, knock at the door. Five, six, pick up sticks. Seven, eight, lay them staight. Nine ten, good fat hen. Eleven, twelve, dig and delve. Thirteen, fourteen, maids are courting. Fifteen, sixteen, maids in the kitchen. Seventeen, eighteen, maids are waiting. Nineteen, twenty, my plate's empty.

He tells me that at the sixth or seventh time he nearly always falls asleep.

Another man I know relaxes every muscle, and is clever enough to make his mind a complete blank. I can never succeed in doing this.

Someone else gets up and runs up and down stairs a few times. History does not relate whether he succeeds in waking up every body else in the house.

Another holds that if you rub the feet vigorously to restore the circulation and take the blood away from the brain sleep is induced.

A French friend tells me that in France they take a cup of lime tea made from the dried flowers of the lime tree.

Tying Up Endless Parcels.

I find very effective the method of a woman who imagines she is in a room full of books, brown paper and string, and in her mind packs up book after book and ties it up with string.

Another puts a hot-water on the nape of the neck. Let us hope it is a rubber one.

A golfing friend tells me that on the rare occasions that he stays awake he mentally plays a round of golf, stroke by stroke, and he is always asleep before he reaches the eighteenth hole. All these ways have

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been tried and found useful, and I hope that sufferers from insomnia will find them effective, too.

The Chloroform Cure.

A Medical friend gives me some interesting details of a new treatment for the cure of the morphine habit which a Paris doctor is now employing, apparently with considerable success.

The treatment consists in the administration of chloroform, a few whiffs being given at intervals during the twenty-four hours, as the patient demands it. This, it is claimed, counteracts the effects produced by the withdrawal of the drug.

In extreme cases a certain amount of morphia is allowed, but this is quickly reduced in quantity until none at all is taken.

In ten days.

It is claimed that a cure can be achieved in ten days, even in the gravest cases, and that none of the usual symptoms arising from the withdrawal of the morphia is experienced.

One great advantage which this new method offers is that it can be carrired out in the home. This is a tremendous help to any patient who honestly wishes to overcome his vice, for there is a natural reluctance to reveal so dreadful a secret.

If the treatment fulfils the hopes which it has aroused, a great step forward will have been achieved in grappling with one of the tragedies of our swift modern life.

The Modern Child.

Dr. R. C. Clarke, of Bristol, has contributed an article to the "Lancet" which he has entitled "The Exhausted Child." He contends that the children of to-day have less constitutional stamina than their parents and that the present cult for "Brighter Babies" produces babies suffering from mental exhaustion.

"The modern child," writes Dr. Clarke, "is infant welfared from morning to night, and surrounded by complicated toys and picture books designed to overtax his brain." I admit that some of our nursery books to-day read like essays on the quantum theory. But then our ethics, in compensation, have become sweeter, simpler things.

For what child of to-day has to learn the Collect? Even the Catechism, which remains a scar upon my memory, is treated by the modern parent with a certain sympathetic levity. And what about the Kings of Israel? And of Judah? I would far rather, were I aged seven, do two jigsaws of Frith's Derby Day than have to learn those ghastly tribal dynasties.

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DOUBLE-EDGED SWORD

Fasting May Prove A Blessing or A Curse

It must be recognized that fasting is an essential means in combating disease, a potent instrument in that armamentarium of the healing art known as therapeutics. But, fasting is a double-edged sword. It is not unlike dynamite, in that it may be a blessing or a curse, all depending on circumstances. In one case it may do a world of good, but in another case it may cause far-reaching damage, damage that it may be difficult or even impossible to remedy.

Obviously this is absurd to argue from the fact that normal human beings have been known to endure starvation for a long time without incurring harm and even deriving some distinct benefit from it, that this would hold equally true for every human being irrespective of age, sex physical condition or state of health. After all, long fasts, when not entered upon through self-immolation or through religious fervour, have been generally undertaken in the spirit of a sport. In fact in Germany these fasters have always been called "hunger artists" with a keen appreciation of their motives. Such performances, however, are primarily feats of endurance, interesting to be sure and at times even highly instructive, but feats none the less and as devoid of real significance as marathon dances so far as the reactions of the common run of mortals are concerned.

To suppose that the benefits of fasting are deliberately withheld from patients by those entrusted with their care is too ridiculous to require refutation, but it is true that fasting is not a favourite method for the treatment of disease. Physicians prefer not to resort to fasting in their combat with disease principally on account of the difficulty and frequently the impossibility of securing the necessary co-operation from the patients themselvs. For in spite of all that has been said and written about fasting and its probable benefits, in spite of every assurance that hunger pangs pass away in a short time, it is well not to forget that the hunger sensation is one of the most powerful primitive urges of the organism and one that demands satisfaction at times with complete oblivion of the possible cost. In times of famine this instinctive hunger urge has been known to drive people to the commission of acts repulsive in their very nature to the finer sensibilities and customs of civilized men.

RELENTLESS TYRANT

Hunger is the most relentless tyrant in the world. Its commands, given at first "sotto voce" and echoed as a faint sucking pain in the pit of the stomach may grow crescendo, and finally may become an overpowering roar of thunder preempting and filling the entire structure

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of the conscious existence. Hunger can transform man into beast in obedience to its demand for gratification. The hunger urge may be harnessed by an exercise of supreme will power just as the primordial sex urge can be suppressed.

Some may perhaps be constituted that they have a low hunger sensitivity just as some persons have a lower pain sensitivity than others. Among mentally deranged patients the not infrequent loss of appetite and refusal of food may find its interpretation in a similar lowering of the hunger sensitivity. Of course, the loss of appetite often accompanies disease and would thus make fasting a much less acute experience than in the normal healthy individual, but even so, there still remains the anxiety of the patient and what is even more serious, the anxiety of his kin as an obstacle to the administration of this treatmet.

To meet this situation and yet give the patient the benefits of fasting, some clinicians resort to a ruse for quieting this feeling of anxiety by prescribing diets practically devoid of nutritive value. This makes it possible for a person to enjoy the grace and amenity of the dinner board and the circle of his family and friends, and to have the sensation of fullness in his stomach, which sometimes goes a long way toward assuaging the sharper notes of the hunger call. In other words, a high grade of under-nourishment is substituted for acute fasting by means of dishes skilfully concocted to appease to the estheic sense as well as to the sensations of smell and taste of the patient. Such food, however, is but a subterfuge intended more to unload the mind of its anxiety than to load the body with nutriment.

The fasting cult rests on two pillars ; one, the idea of food intoxication ; the other, the idea that fasting promotes elimination from the organism of the intoxicating factor. In other words, it is assumed that fasting exerts a purifying effect on the organism which endows fasting with great medicinal virtues as well as transcendent value in religious ritual. Hence, the healing and the ritualistic use of fasting are historically inseparable.

It is not easy to extract from the metaphysical verbiage in which this theory is clothed just what that intoxication is or the precise method whereby the fasting organism rids itself of the intoxication. Experimental studies on the chemical changes in the blood, the life fluid of the organism, during prolonged fasting fail to substantiate such a conception. For instance, the so-called nonprotein nitrogen of the blood tends to increase with the progress of fasting. The nonprotein nitrogen represents the sum total of all the different metabolic waste products derived from the protein substances entering the blood from the tissues. In an advanced stage of fasting these nitrogenous waste products may accumulate to such an extent that the blood composition assumes a strong

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resemblance to that found in certain diseases associated with defective function of the kidney. This condition is the more surprising since these nitrogenous products are the unutilized fragments of the protein as it undergoes destruction in the metabolism of the body, and during fasting the protein metabolism is at its lowest level.

EFFECT ON KIDNEY

Another quite remarkable phenomenon and one that occurs early in fasting is the striking rise in the uric acid content of the blood. This change in the chemistry of the blood again bears a close resemblance to what is found in gout or in nephritis.

The causation and the mechanism of these chemical changes in the blood cannot profitably be discussed here, for to follow such discussion requires a highly specialized knowledge. The important thing, however, is that this resemblance to a kidney disease is entirely superficial, since there is no evidence that the kidney is directly involved. In fact, functional tests show that the kidney is not damaged.

Furthermore, investigation has shown that as soon as the experimental subjects are fed, and thus a greater strain than before thrown upon the kidneys, the chemical condition of the blood goes quickly back to the normal. Had the kidney been actually damaged, such a quick recovery would be utterly inconceivable. A study of the condition of the blood, at least so far its nonprotein nitrogenous constituents are concerned, fails to substantiate the idea of purification through fasting but would lead to quite an opposite conclusion.

The mineral composition of the blood is practically unaffected by fasting for a long time; until the body has lost a fifth of its weight through fasting there is almost no change from the normal. In advanced stage of fasting—when already as much as from three to four tenths of the body weight has been lost—a significant alteration in the blood composition appears, consisting in a lowering of the chlorides and a rise in the bicarbonate content of the serum.

This deserves special consideration because it is undoubtedly associated with definite and important events occurring in the fasting organism. The diminution in the chlorides of the serum could not be attributed to an excessive loss of salt through the urine, because in the later stage of fasting the elimination of salt in the urine is negligible. The lowering of the chloride and the rise of the bicarbonate must be considered in conjuction with the change previously described, the increase in the nonprotein nitrogen of the blood. The blood chemistry is similar to the condition encountered, for instance, in cases of intestinal obstruction. This leads to the conclusion that in fasting, as is also the case in intestine obstruction, a toxicosis is present. The theory of the purifying action of fasting apparently is taking too much for granted.

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Reports of Societies, etc.

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DAYANAND AYURVEDIC COLLEGE, LAHORE.

Report for 1929-30.

1. Change in staff :—

Pt. Durga Datta, professor of Nidan, remained on leave for more than 8 months on account of being attacked by Malta fever and was substituted partly by Pt. Murli Dhar Shastri, Vaidya Vachaspati and partly by K. Jai Dev Vaidya Vachaspati. The work of the both the substitutes was satisfactory. Pt Durga Datt returned to work in November 1929 in sound health. Pt. Ved Mittar, Lecturer in Theology, resigned in June 1929 and Pt. Vipra Bandhu who had already taught this subject for 2 years, took up this subject in place of Pt. Ved Mittar and Science also in place of Pt. Shiv Sharma, who worked as honorary lecturer in Science and other subjects for about 8 months and left College in March 1929. Owing to the completion of B. Dr. Beli Ram's Dissection Block, a demonstrator for dissection work was required. Dr. Shamkar Dass Mehra, B. Sc., M.B.B.S., of Lahore, who has a great love and faith in Ayurvedic system of medicine, offered honorary services for this work, which the Committee accepted thankfully.

2. Number of students :—

The number of students on roll in different classes, as compared with the last year, was as under :—

	1st year	2nd year	3rd Year	4th year	Total.
On 31-3-29	51	42	9	9	111
On 31-3-30	41	49	13	8	111
					Difference.....Nill.

Of these, two were F. A's, 6 Shastri, and the rest Matriculates with Sanskrit with oriental titles, as Visharad, Pragya, Madhyama, etc.

3. Results :—

There are two title Examinations, held every year in April, namely (1) Vaidya Kaviraj (two years' course) and (2) Vaidya Vachaspati (4 years' course).

Results are as under :—

		Total	Passed	Under Compt.	Plucked
April 1928.	Kaviraj :—	49	37	6	6
	Vachaspati :—	15	12	1	2
April 1929.	Vaidya Kaviraj :—	45	24	6	15
	Vaidya Vachaspati :—	11	8	1	2

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The College Committee is thinking to abolish two years' course from 1931 and consolidate the studies of Ayurveda into one of 4 years' course, so that the institution may produce efficient Vaidyas.

5. Scholarships and Medals.

Besides the Managing Committee and Endowment scholarships there are also the temperory stipends.

1. K. Harnam Das B.A.'s scholarship, Rs. 6 P.M.
2. Pt. Thakur Dutt Sharma's Amritdhara Scholarship, Rs. 6 P.M.
3. L. Asa Nand Dharamarath Fund, Amritsar Scholarship, Rs. 15 P.M.
4. Jullundur District Board Scholarship. Rs. 11 P.M.
5. B. L. Hari Ram's Scholarship, Rs. 7 P.M for a poor Arya student.
6. A. P. P. Sabha's five scholarships of Rs. 7 P.M. each.
7. Two scholarships of Mandi state, Rs. 25 P.M. each for mandi students.

In all there are 25 scholarships.

The number of medals is eight, which range from Rs. 50 to Rs. 5, Maharajh Shapur gold medal of Rs. 50 is awarded every year to the best passed student in Vaidya Vachaspati Examination.

5. Buildings.

Besides the three previous blocks, one for class rooms, Museum etc., the other for Pharmacy and the 3rd for Hospital, the year under report has got a very decent addition to Building namely B. Dr. Beli Ram's Dissection Block built at a cost of Rs. 20000 donated by L. Lahori Ram Ji Khosla, Engineer to erect the memorial in his late father's name. This building is very compact and self-sufficient for all the requirements of the dissection of dead bodies and is regarded to be the best of all the buildings of the D. A. V. College Managing Committee, Lahore. A Flush drain over 500 feet long, has been constructed at a cost of Rs. 1500 for the removal of the dirty water of the Dissection Block to the Municipal Drain on Hota Singh Road. A side branch of the drain connects the Hospital Flush latrines, which have been constructed this year out of Bawa Dinga Singh's donation of Rs. 500. The total cost is Rs. 700 nearly. A small bath room has been erected against the wall of the Hindu Boarding House out of the donation of Rs. 300 of Shrimati Basant Kaur of Bijnour, who has also donated Rs. 300 for a well, which has cost Rs 635. The excess is expected to be met by the donor. The Managing Committee has also allowed to put a motor-pump to carry the water of this to the bath room and to the lawns. This will cost Rs. 350 nearly and will solve our problem of deficiency of water.

This institution stands in need of a suitable building for at least 50 boarders, for which there exists no fund at all.

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6. The City Dispensary.

Out-door dispensary that was situated in two hired rooms in the Arya Smaj Mandir (Anarkali) since 1919 and was transfered to its own premises in Kucha Gosaian (Suttar Mandi) on Sunday, the 3rd March 1930. Late Mehta Baldev Das of Lahore has willed that a memorial be erected in his and his father L. Rallio Ram's name on his three residential houses in Kucha Gosaian (Sutarmandi). Two of his old houses were pulled down and two rooms with one open compound before them have been constructed at a cost of Rs. 3000 nearly, partly met out by Mehta Baldev Dass's will and partly by the Managing Committee. The third house has been repaired and a stair provided for it at a cost of Rs. 800 nearly. The two rooms on the ground floor of the third house are to be used as a part of the dispensary purposes, and the upper storey has been let out at Rs. 10 P. M. to meet the deficit of Rs. 1800 incurred on the Dispensary.

The opening ceremony was performed by Lala Lahori Maiji Khosla, Engineer, on the evening of the 30th March, amidst a large number of audience. This dispensary, though centrally situated in the town, has a backward locality in a lane, but it is expected to become popular in the long run and will prove a good Ayurvedic centre of relief for the public of Lahore.

The comparative number of the two previous years' out-patients stands as under :—

Years.	Old patients.	New patients.	Total.
1-4-28 to 31-3-29	8,794	9,095	17,899
1-4-29 to 31-3-30	13,809	13,951	27,760

Total increase ... 9,861.

This increase is due to the successful working of Dr. Asa Nand M. B. B. S., Vaidya Acharya in charge of the dispensary.

7. Hospital.

The number of in-patients admitted in the Indoor Hospital since its beginning is given below :—

Years.	Total No.	Cured.	Discharged.	Died.
1-4-25 to 31-3-26	26	20	4	2
1-4-26 to 31-3-27	127	81	42	4
1-4-27 to 31-3-28	175	149	23	3
1-4-28 to 31-3-29	184	134	45	5
1-4-29 to 31-3-30	282	204	40	8

This statement shows a gradual increase in the number of in-patients. Distant locality from the town is a great draw-back of this Hospital.

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Besides the Indoor patients, this Hospital has arrangements for out-door cases also, whose annual number is as below :—

Years.	Patients.
1-4-27 to 31-3-28	6,414
1-4-28 to 31-3-29	10,097
1-4-29 to 31-3-30	10,095

These numbers are not included in those of the City Dispensary. Total number of out-patients, treated by the two dispensaries, is :—

37,855 for 1929 to 30 against 27,996 of the previous year (1928-29).

Flush latrines are a good addition to the decency of the Hospital. There is no proper kitchen for the Hospital and the Managing Committee are being requested to meet this requirement as soon as posible.

8. R B. Dr. Beli Ram Dissection Block :—

The construction of this Memorial Block has greatly added to the beauty of the building of the A. V. College and has fulfilled a great need of the department, which was always postponed due to the lack of funds. Thanks are due to generous-minded L. Lahori Mal Ji Khosla, who has helped us in time of need. This Block consists of a hall for dissection work, a nice lecture gallery with an accommodation of over 100 students, a museum for anatomical models, charts, bones and preserved parts, an office, a preparation room, a drug store, an under ground cold storey for the storage of dead bodies, two wire-gauzed rooms with a tank for meceration of dead bodies. The Block has been completely equipped with wash-hand basins, electric light and fans, show-cases, boxes for dead bodies, embalming materials, and dissecting instruments.

9. Dissection Work :—

In the year under report one dead body was completely dissected and demonstrated to the 1st year class by Dr. Shankar Das and to the other classes also at times. It is a beginning only.

Arrangements for the supply of dead bodies are very unsatisfactory. The Punjab Government has sanctioned the use of unclaimed bodies of our Indoor Hospital and has made no other arrangements. The supply of such bodies from our Hospital is very rare and uncertain. The Punjab Government has been approached to allow us to get unclaimed bodies from the Jails and Civil Hospitals of some of the districts of the Punjab, which, I hope, will be permitted.

10 Pharmacy :—

Pharmacy provides good instructions to boys in the prepration of Ayurvedic Medicines, which are then used in the Hospital and Dispensary. This department needs large number of modern machinery for

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which Rs. 5000 are required. The machines already at our disposal are too insufficient to meet our demands.

11. Harbarium and Lawns :—

A beautiful lawn has been raised in front of the Dissection Block and named as Dhanwantri Park. A good number of medical plants has been grown in addition to those already existing. Our herbarium contains now most of the useful plants of Ayurveda that can grow on the Punjab plains

12. Boarding House :—

There are about 40 boarders on the average in two hostels of this college, (1) on half of the hospital Buildings and (2) Sufed Kothi. The services of Pt. Vipra Bandhu B A , Honorary Superintendent of the hostels are appreciable. He takes keen interest in all the affairs of Boarding House. L. Malawa Ram, the owner of Sufed Kothi, who had permitted us to use his building as a hostel free of rent, has given us notice to vacate it, as he has sold it to another body. We will have great difficulty in accommodating our boys during the next winter, the accommodation in Hospital Block being for 24 boys only.

13 Miscellaneous :—

A valuable addition has been made in case of Library books, Museum of Meteria Medica, Science Laboratory Apparatus etc. 2nd and 4th year students, who were taken to Simla Hills in September last, gained very much by seeing and collecting samples of Himalayan plants at Kalka, Simla, Kufri etc. Students are also taken to local gardens to see plants and prepare alba.

14. Funds :—

The financial position of this college is deplorable. There are no permanent funds worth the name, which may yield an income of Rs. 10000 or more annualy. The resources of temporary income are very limited. The tuition is practically free. A nominal fee of Re. 1 is charged from each boy monthly. The rate of exemption is 25%. The only permanent grants are those of the Punjab University—Rs. 2,390 annually, and of the D. A. V. College Managing committee (Rs. 5000 nearly). The Punjab Government has also been pleased to give since 1928 a grant-in-aid of Rs. 3000 annually which the Managing Committee has thankfully accepted on the condition, laid down by the punjab Goverment, viz., (1) the Government will have the power of inspecting the instituion, (2) the annual report of the college with special reference to the utilisation of the grant will be sent to the Punjab Government. The grant, though little as compared with the enormous amount of money spent annually on the College, has greatly helped us in time of need, when the expendi-

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ture of the institution increased and threatend great deficit owing to the addition of the Anatomical Department and other improvements. The Committee has earmarked this grant for the maintenance of the Indoor Hospital, which is meant to give practical training to students in Ayurvedic Medicine. The Lahore Municipal Committee has also been giving since January 1928 an annual grant of Rs. 500, which is being utilised for the distribution of medicine to outdoor patients in the City Dispensary. The annual amount, used for this purpose, is over Rs. 2000. It would be better, if the Municipal Committee increases the grant to Rs. 2000, as our dispensary is serving the public with Ayurvedic treatment, which is the task of the Health Department of the Municipal Committee. A part of the college expenditure is met by public subscription and sale of medicines prepared by the Pharmacy.

15. Government Visit :—

This College was visited by Dr. Asghar Ali, Assistant Inspector General of Civil Hospitals, Punjab, on the 3rd November 1930 at 1 p.m. who spent over about 3 hours in the visit. A copy of his remarks is to be found in the college records.

16. Needs :—

The College needs many improvements and several new departments as Clinical and Pathological Laboratory, Research Department, Infectious Diseases Ward, a Hostel, Play Ground, a seperate room for Library and reading room for Professors ; Quarters for staff etc. All these can be provided easily if the Punjab Government, Punjab University, Public bodies as Sir Ganga Ram Trust, Lala Khairati Ram Trust, Municipal Committee and District Boards etc. help us liberally in the cause of Ayurveda, as they do to the King Edward Medical College in case of Allopathy.

Principal,

Dayanand Ayurvedic College Lahore.

POSTPONEMENT OF THE ALL-INDIA SWADESHI EXHIBITION.

DEAR SIRS,

The 'All-India Swadeshi Exhibition' which was to be held in November and December 1930 has been postponed to February and March 1931 due to tense and disturbed political conditions in Bombay, as also to enable us to complete the erection work more satisfactorily. The Committee has taken this step after mature consideration in the best interest of the Exhibitors them.

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You will appreciate the motive underlying this decision as we feel the political conditions in Bombay are bound to get worse, making it impossible to satisfactorily carry out the objects of the Exhibition.

However, it must be clearly understood that the work in other directions will go on such as preparation of directory of the Exhibition and the stalls will be registered from now from all over India, Burma and Ceylon. The average charges will be from annas 12 to Rs. 1-4 per square foot, according to the exact location of the place required. All the exhibits will be alloted stalls according to our classification.

Although there is enough time, manufacturers and merchants of 'Genuine Swedeshi Articles' requiring stalls should immediately write to the undersigned stating the area required and giving details of their manufactures together with a remittance of Rs. 50 for each stall as deposit for which an official receipt will be sent signed by either of the Treasurers, Raja Narayanlal Bansilal or Seth Surji Vallabhdas.

The construction work will be taken in hand from the 15th of January 1931. Those requiring special stalls and also small cottage industries will be given special concession. All the necessary facilities and help for demonstration purposes will be given.

The average size of the stall is 12 feet frontage and 15 feet depth but arrangements can be made to have stalls of either smaller or bigger area with less frontage, the depth remaining same according to the individual requirements provided the requirements are known earlier.

The Exhibition office is now shifted to the Great Western Hotel Building, Old Customs House Road, Fort, Bombay, where all communications should please be addressed in future.

Yours faithfully,
A. H. KULKARNI,
Jt. Hon. Secretary.

News & Notes

—:o:—

DRUGS ENQUIRY COMMITTEE.

Evidence from Indian Point of View.

Pt. Surendra Mohan B.A. Principal, Dayanand Ayurvedic College, Lahore, gave the following written evidence before the Committee at Lahore on the 20th November 1930.

My views about the constitution of the Committee :—

The Questionnaire, drawn up by the Drugs Enquiry Committee appointed by the Government of India in persuance of a resolution adopted by the Council of State urging the Government to take such

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steps as may be possible to control the indiscriminate use of medicinal drugs and to legislate for the standardization of the preparation and for the sale of such drugs, concern mostly the Allopathic system of medicine. If the Government proposes to legislate for the Indigenous systems also, it was essential that some eminent Vaidya and Hakim must have been taken into the Enquiry Committee, which now consists of four members, two Allopathic doctors, one chemist of an English firm and a lay-man. Such a Committee may be competent enough to solve the problems connected with Allopathy, but how far they understand Ayurvedic and Unani systems and what legislature they can suggest to the Government of India to control these systems is very doubtful. The eastern and western sytems have far different pharmacopoeia and principles of therapeutics. Experts of both the systems should have been taken into the Committee.

Differential treatment of the Government.

The Allopathic system is under the direct patronage of the Government and should be attended to very carefully, as it is in my opinion, one of the causes of the reduced longevity of the Indian life, which has come down from 36-2 to 22-5 in about 50 years inspite of the standardised B. P. products and good proprietory medicines of the West, upon which the Government is spending crores of rupees every year. The Government has so far totally neglected the Eastern systems, rather crushed them by the patronage of one system only. If the Vaidic and Unani systems are still alive, it is solely due to the patronage of the public, that know how useful and suited to their temperament they are. If the Government is not disposed to give any support to the Indian systems as they do to the Allopathy it is better not to meddle with them. Let them live on the patronage of the public, whom they serve. But my Allopathic friends can't bear to see their rival systems alive and have given evidence before the Committee suggesting ways to crush them. It is nothing short of jealousy. Let the present Committee limit its activity with the control over the manufacture and sale of the Western Medicines. If any control is contemplated for the manufacture and sale of the Ayurvedic and the Unani medicines, another Commission should be appointed in which there must be a predominance of Vaids and Hakims to consider the problem in a sympathetic way.

Some Suggestions.

Being invited to express my point of view on the subject, I give some suggestions for the production of better and standardised Ayurvedic and Unani medicines.

(1) Let the Government appoint expert Indian herbalists under the hilly Forest Departments to collect ripe medicinal herbs in right season and preserve them properly.

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(2) Let the Government establish stores at suitable places in every province for the sale of herbs, collected as in (1), so that the Vaidyas, Hakims, Pharmacists, Grocers (Pansaris) and even the western firms should purchase their required quantities of indigenous materials from these stores for the preparation of their medicines.

(3) Let Research Laboratories be established to investigate the properties of both the identified and obscure drugs, but expert Vaids, aquainted with Chemistry and therapeutics, should be engaged to work side by side with the Chemists and doctors. Indian mountains are very rich in herbs, which are efficacious in many diseases for which scientists know no cure or prepare organic or synthetical compounds of doubtful nature, but they are sent to the Indian market with great assurance through their advertising agencies and after a trail for a year or two, they prove a failure, as insuline for diabetis, etc. while the natural products of India dwindle away owing to our ignorance or indifference to them. The scientist of to-day has greater regard for the laboratory made articles than for fresh herbs of nature with vitamines and other healing forces. The Western methods of research are not sufficient to reveal the wonderful properties of the innumerable herbs of India. Let Ayurvedic Shastras, dealing with thousand years old experiences of Indian sages and ancient scientists serve as a guide for the investigators.

(4) Drugs Inspectors, well versed in Indian herbs and drugs, be appointed in every district to inspect now and then Pansaris' shops to see if they are selling fresh and right drugs under proper names. They should be authorised to destroy rotten materials This method will set right grocers to sell proper things.

(5) Let a training school be opened in every province (or it may be attached to Ayurvedic and Unani institutions) for Pansaris to acquaint them with right drugs and teach them in what way and how long each material be kept. They should also be instructed in simple pharmaceutical preparations, as syrups, confections, etc. The Government will have to maintain an experimental laboratory and a museum of Indian Materia Medica in such schools. The preparations of the school can be sold to public to make up a part of the expenditure. While admitting boys, preference be given to Pansaris' sons and relatives.

(6) License be given to the trained Grocers to sell Indian herbs, drugs and poisons. Indian practitioners will spontaneously purchase their requirements from such grocers. Illiterate Pansaris will no more be seen after 10 or 15 years. Prepared from better ingredients, indigenous medicines will be more effective and consequently more useful to the public.

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(7) Custom and Excise Regulations be revised to give greater facilities to the educated Vaids and Hakims in procuring and keeping certain quantities of poisonous drugs than at present.

(8) Let the Vaids and Hakims, educated in regular and recognised institutions, be registed given the right of issuing certificates of age, illness, death, etc., and be taken into Government, Municipal and District Board services. Their livelihood being secure by this, there will be seen less amorous advertisements in newspapers and on walls than at present.

(9) There should be no bar on advertisements, as this is the method of information to public of anything useful. Many a patients, not cured by doctors and in hospitals, have been cured by medicines advertised in papers. There has been no harm to public health by these medicines. If individuals and firms of the Western countries are allowed to sell their preparations in India through advertisement, why not Indian firms and individuals be alllowed to benefit their brethren by their Indian medicines. The advertisers should however be warned to avoid illicit and amorous words and phrases in their notices, posters, pamphlets, etc., and legal action be taken if necessary. In case of definite harms to the patients' health and on confirmation by analysis of the medicine, the matter should go to court for necessary action against the advertiser, Indian, English, French or who soever he may be.

(10) If the Government desires that Indian people should have standard and reliable indigenous and allopathic medicines, let the central and provincial Governments establish big laboratories to prepare such drugs with Indian materials as far as possible. India is very vast in its resources and can supply the required quantities of medicines and drugs to its inhabitants, provided that the ruling nation is inclined to do so. The manufacture of medicine in India on large scale will greatly solve the problem of unemployment.

(11) Provided the Government is ready to adopt all or some of the suggestions given above, a ruling body, named Board of Indian medicines will be a necessity in every province and shall consist of Vaidyas, Hakims, doctors, and some laymen (lawyers, educationists etc.) to govern all the affairs concerning indigenous systems (Ayurvedic and Unani). All the above suggestions have been given with a firm hope that the drug Committee will recommend them for adoption partly or wholly to the Government of India to rejuvinate Ayurvedic and Unani systems for public benefit. On the other hand, if the Committeee is bent on proposing legislations to crush the systems that are already labouring under great loss in comparison with the rival system Allopathy, there will be no more ill luck for India and its people to see their ancient sceinces ruined, which they cherished for thousands of years, but the

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Almighty will help us to uplift them inspite of the heavy forces working against them. Every science will live on its inherent merits. I trust in the Almighty and the public for support.

(Sd.) Pt. S. MOHAN, B.A.
Principal,
Dayanand Ayurvedic College, Lahore.

ANSWER TO QUESTIONNAIRE.

(By Pt. Surendra Mohan, B.A.)

No. 1.

QUESTIONS.	ANSWERS
1. About Annual output.	1. Does not concern Vaidyas.
2. What difficulties.	
(a) In obtaining indigenous raw materials.	(a) Pansaris sell impure and adulterated raw materials in case of many Ayurvedic herbs, they are not procurable in the Punjab bazars, and have to be sent for from hills or other provinces, as Bengal and Madras etc.
(b) Due to Customs.	(b) See my suggestions No. VI, Excise department does not allow Vaids to distill spirits or prepare opium or spirituous preparations mentioned in their books. These restrictions should be removed.
(c) In connection with any other.	(c) Railway department and municipalities charge too much for wet herbs of very ordinary cost. Rates should be revised.
(7) Do you think.....	(7) Yes.

IV. General.

1. Control of therapeutic agents.	1. Yes it is necessary in case of Allopathy alone.
2. If not, what other suggestions.	2. Please see my suggestions Nos. 1, 2, 3, 4, 5, 6 and 10. These are essential for the purity of Ayurvedic medicines manufactured in India.
3. What is your opinion.	3. Standardisation of well known Ayurvedic preparations, mentioned in A. V. Texts is desirable, but it is almost impossible under the present circumstances, owing to multifarious difficulties of procuring pure raw materials. Sometimes certain ingredients, unavailable in the market, are omitted from the prescriptions, and in some cases certain ingredients not mentioned in the text are added to the medicine to increase its activity.

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Questions.	Answers
4. Are you aware.....	4. Yes, both in Ayurved and Allopathy, even in case of B. P. products, control is impracticable.
5. What is your opinion .....Proprietory remedies.	5. Language of the advertisements be controlled, but not the proprietory remedies as good, done by them, is far greater than the harm. In case of good remedies the proprietors be approached for the secret formula on the condition of a heavy reward and attachment of his name to his medicines. No control is necessary to check such remedies as suggested in my No. 9.
6. Adulteration of durgs.	6. It is done by Vaidyas in order to sell their medicines at lower rates, but it is difficult to control in case of private firms. Remedy suggested in my number X.
7. Any other remarks.	7. Please see my statement fully.

Reviews and Notices of Drugs

—:o:—

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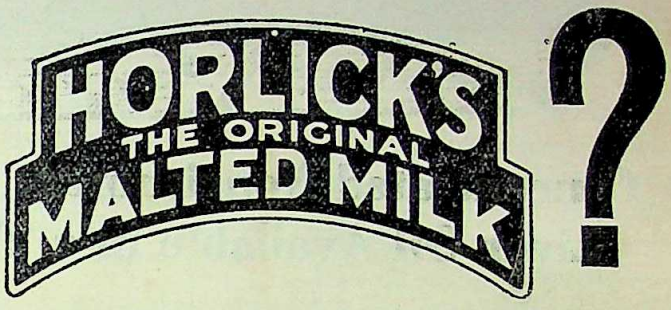

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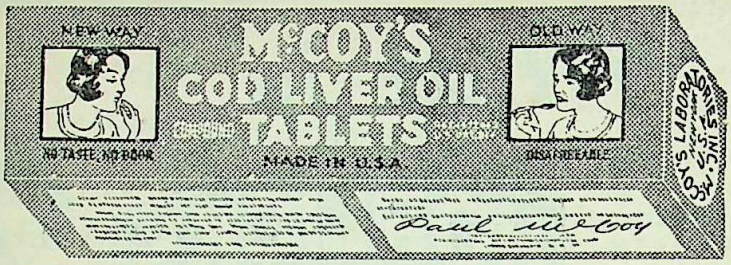

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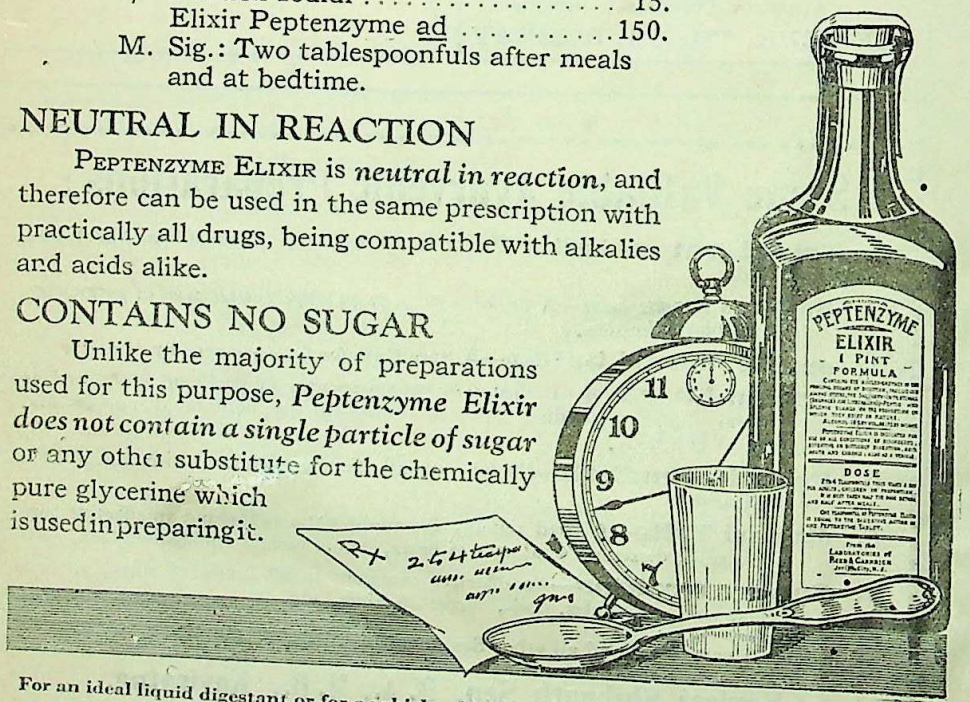

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THE JOURNAL OF AYURVEDA

Vol. VII.] **December, 1930.** **[No. 6.**

Ayurveda—as it is to-day.

We have pointed out form time to time in these columns that attempts are being made to revive and develop the oldest science of Healing Art, namely Ayurveda, almost in all provinces of India and as such many teaching institutions with up-to-date equipments have been established by the public and in some places by the local governments. There have also cropped up several first class hospitals and dispensaries due to public sympathy matched with municipal or local board aids. These are no doubt a move in the right direction. The public, of course, have shown some appreciation and so also has been the case with the Legislative Assembly and even the local governments in some cases. But it should not be forgotten that notwithstanding the above facts, real progress towards real improvement has been very slow and often disappointing.

Mahamahopadhyaya Gananath Sen, M.A, L.M.S., Saraswati, in his presidential address at the 21st All-India Ayurvedic Conference held in Mysore said something in this connection and we are one with him materially though not entirely. He says :—

Our progress has been very slow and often disappointing as to efficiency and progress partly through lack of whole-hearted encouragement from the public and the Government and partly through difficulties created by ourselves. Unreasoning conservatism has often stood in our way. Ignorance and indifference to the progress of the medical science in the world have frequently kept us, at least a section of us, bound down to the great traditions

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of the past to an undesirable degree. We have repeatedly sung the achievements of the past but have taken little account of the present. Our outlook has not been sufficiently wide and foresighted. It is also deplorable that too rigid democracy—the octopus of foreign indent—has often held some institutions in its tight grip and checked their progress to a considerable extent. The Executive Committees of these institutions—often a medley of laymen and professionals having no knowledge of the needs of reform in Ayurvedic Education—have marred the progress of Ayurveda. Experts have been denied full scope for reforms. The necessity of the restoration and of the development of Ayurveda has not been fully understood yet by a large section of laymen and Ayurvedic practitioners who have played to the tune of public superstitions. Almost all of them realise the first necessity but the second necessity, I am afraid, is understood only by a few. In every day practice they encounter difficulties every now and then as regards the accuracy of their methods of diagnosis and the potency of treatment. They fail to create confidence in the public in cases of midwifery and surgical need. It is admitted that Ayurveda should be taught in its eight sections comprehending all branches of the Healing Art, yet full stress is not given on the teaching of Surgery and Midwifery. Many yet would not stir out of the old grooves and "explore fields and pastures new." It was high time they opend their eyes and saw for themselves how the West was progressing. The western world of medical men are constantly trying to evolve better methods of diagnosis and sounder methods of treatment and to forge weapons of precision to combat diseases. They do not shrink from experimenting with or absorbing in their practice whatever good medicinal agents are available in other countries or systems. *Kutaja* and *Arjuna* are not 'untouchable' with them as Cinchona and Digitalis are with the Vaidyas. It seems, they follow more than we do the

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great maxim of Charaka "तदेव युक्तं भैषज्यं यदारोग्याय कल्पते" (whatever is conducive to the cure of diseases is the proper remedy.)

Our progress has been greatly impeded by blind conservatism and inertia in some of our so-called colleagues, They would have us believe that what is found in the relics of Ayurveda in sufficient to make a fully qualified Ayurvedic Physician, that the Rishis of old reached perfection of knowledge and that no additions are desireable without seriously affectring the integrity of Ayurveda. It is a great pity that even some learned laymen have been duped by this theory and have believed in the shibboleth of "Pure or unmixed Ayurveda." Pure Ayurveda, if it implies unsupplemented Ayurveda, is a misnomer, for Ayurveda does not mean half a dozen mouldy books alone which have been handed down to us in disintegrated and thrice-redacted form. Ayurveda means the great Healing Art of India which was once the ideal of the world but of which considerable portions, even some elementary portions have been lost irrecoverably. Ayurveda unsupplemented, therefore, means deficient and mutilated and unless we boldly assimilate the truths from the modern developments of Chemistry, Anatomy, Physiology, Pathology, Medicine, Surgery, Ophthalmology, Dentistry, etc., Ayurveda of the future will lag sadly behind in the race of scientific progress and may be wiped out or relegated to the archeological musium, all our best efforts notwithstanding.

It is not profitable to maintain that Rishis were omnicient. Omniscience is possible only in one—the Great Ishwara (God). The Rishis undoubtedly realised truth but not all the truths of the world. Had it not been so, there would not have been so many systems of Philosophy and so many cults of religious teaching amongst the Hindu population of India. From Charaka we learn that the Rishis held a great conference on the heights of the Himalays where finding their knowledge

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inadequate for the relief of suffering humanity, they deputed the great Rishi Bharadwaja to learn the healing art from Indra, the king of the gods. In other chapters of Charaka we find the Rishis discussing various problems of physiology and medicine and advancing theories of their own often diametrically opposed to one another. All those theories were eventually reconciled by the great Sage Punarvashu Atreya. These facts appear to prove that the Rishis did not consider themselves omniscient and they were always amenable to reason and correction.

We must also remember the fact that the present-day Charaka and Susruta are not the works of the Rishis Agnivesha and Susruta in their original form. It is admitted by all commentators that current Susruta Samhita is a work redacted by Nagarjuna or somebody else. Any one studying the ancient commentaries of Ayurvedic works with a keen eye would readily discern that most of the Samhitas of the Rishis are quoted from by old commentators but practically none of these are available at the present day. At least thirty ancient Samhitas of the most authoritative order existed one thousand years ago. Those covered various fields of the Healing Art and some allied subjects, e.g., Medicine, Surgery, Midwifery, Diseases of the Eye, Ear, Nose and Throat, Mental Diseases, Diseases of Children, and the Science and Art of Rejuvenation. All these subjects are dealt with very briefly now in the current Susruta Samhita, Charaka Samhita and the two works of Bagbhata—Astanga Samgraha and Astanga Hridaya.

As the original monographs of the Rishis are now lost to us, we cannot possibly gauge fully the depth of the ancient knowledge on these subjects. But anyone who keeps himself abreast of the times would readily see that they are, in their present form, not quite adequate for our present needs. Mere eulogising the glorious past of Ayurveda will not improve the present stagnant condition of the great Science and means must be found out to place it in the status of a fully developed modern science.

H. N. C.

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Original Articles.

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue).

VIPAKA.

Truly, the actions of substances on the living body must accord with the inferences regarding their properties drawn from this examination of them by the tongue. But a difficulty arises in this. It has been experienced that these Rasas, really meaning the substances possessing these Rasas, having reached the digestive organs and having been associated with the intestinal juices, the form of Rasas of some substances is changed and, therefore, action inferred from the Rasa over the tongue is also found to be different. The action that is seen is in accordance with the change in the Rasa effected by the digestive juices from their association with it. The reason of this chage is its association with the different kinds of forms of the five Elements. The transformation of a substance effected by the digestive organs is styled "Vipaka".

DEFINITION OF VIPAKA.

Ancients have defined Vipaka as :—

जाठरेणाग्निना योगाद्यदुहैति रसान्तरम् ।
रसानां परिणामान्ते स विपाक इति स्मृतः॥ (अ. हृ)

i. e. The change of Rasa effected (in the Rasa or taste) from its association with the digestive juices is called "Vipaka". There appear only three forms of the six Rasas by their association with the digestive juices. Because there are no means with the intestines with which to recognize the sub-divisions of the Rasa just as there are means with the tongue. We are only to conjecture the change from the action effected there. Though there are

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six varieties of Rasas, they are split up into two main divisions by which the whole bodily result is experienced, 1. causing dejection, and 2. producing pleasure or happiness. The sub-divisions of these *i. e.* burning, agitating, steadying or contracting, oozing, etc. can all be perceived by the tongue but are not at the outset perceived in the same way anywhere else. This is why knowledge of the Rasas of all substances is most important. Because, even if the digestive organs or the Rasa Dhatu may not recognize these sub-divisions, the same are sure to effect on the body cells. Digestive organs and the Rasa Dhatu will show only two divisions, one pleasing and the other dejecting. But one substance will produce on the minute body cells burning agitation and the other dejection *without* burning. One will give durable satisfaction, but the other will produce heat in the end, will be purifier and withering. One's heating action is associated with oozing but not so of the other. One causes heaviness but the other unctuousness. One brings dullness but the other removes it and brings lightness unexperienced before. These various qualities can be inferred from the changes that appear over the tongue. Such varieties, why even two different substances of the same Rasa possess a different taste in more or less degree and the tongue alone recognizes difference in them. The productive components of every substance in universal creation are of fiive Elements. But inasmuch as there has occasioned difference between any two substances because of their different combinations, every substance must be in more or less degree different in quality and property from the other. There cannot be diverseness in the substances unless there is some very slight difference in them, even though the naked eye sees identity between two substances in colour, feature or taste. This must be well remembered. This diverseness is first perceived by the tongue alone and the same produces special action on the body. Such differences are not recognized by the digestive organs. They only understand the pleasing or dejecting conceptions. Whatever may be the gradation, there happens to be in the digestive organs pleasure—satisfaction—from some substances, and dejection—uneasiness—from some. This is why these two coneptions chiefly form Vipaka. Thus, one Madhura or pleasing and the other Katu—pungent or dejecting, these two only should be the Vipakas. What then is the significance of the three Vipakas as given by the ancient authors?

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विधा विपाको द्रव्यस्य खड्वम्ल कटुकात्मक: । (अ. हृ)

(*i. e.* Vipaka of all the substances is three fold—sweet, sour and pungent).

कटुतिक्तकषायाणां विपाक: प्रायश: कटु: ।
अम्लोऽम्लं पच्यते स्वादुर्मधुरं लवणस्तथा ॥ (च. सू.)
स्वादु: पटुश्च मधुरमम्लोऽम्लं पच्यते रस: ।
तिक्तोषणकषायाणां विपाक: प्रायश: कटु: ॥ (अ. हृ)

(*i.e.* The Vipaka of bitter, pungent and astringent Rasas is Katu or pungent, that of the sour is sour and that of the sweet and salt is sweet). Both Vagbhat any Charaka have said so. But Sushruta gives only two kinds of Vipakas.

आगमे हि द्विविध पाको मधुर: कटुकश्च,
तयोर्मधुराख्यो: गुरु कटुकाख्यो लघुरिति । (सु. सू. अ. ४०—७०)

(*i.e.* Traditional texts give two kinds of Vipakas only, one Madhura and the other Katu of which Madhura or sweet is heavy and Katu or pungent is light). In this way, there is difference of opinion about Vipaka amongst the ancient authors. By the general reasoning, Vipaka should be of two kinds only. Why then is this third Amla or sour given ?

Sweetness or pleasingness is a clear conception. So also is felt pungency or dejection. But sourness is different. The distinctive characters of the Amla Rasa are

अम्ल: चालयते मुखं हर्षणो रोमदंतानां । (अ. हृ.)

(*i.e.* producing wateriness to the mouth and teasing (the hair and the teeth with its touch.) This shows that its first effect is watering and causing a sort of contraction or resistance. The special feature of this Rasa is that it produces a craving for eating but its touch is troublesome. This conception is somewhat felt by the digestive organs also. Burning sensation and displeasure are even realized by the intestines. This Rasa produces some wetness. A sort of satisfaction is experienced at the beginning. But at the same time, burning sensation is also experienced. It is quite clearly perceived in the Amashaya-Annashaya or stomach and is also somewhat experienced by the small intestines, and so sourness is also manifested even though not in the same clearness as sweetness and pungency. This is why it has been included in Vipakas. The more exact the qualities known, the better it is. For this reason, therefore, though there are principally two Vipakas, three have been told, which is more

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convenient. But it must be remembered that principally, pleasing (sweet) and dejecting (Katu-pungent) can only be the two Vipakas, and it is suggested from this that sourness of some very common sour substances cannot be perceived clearly. What is perceived by the tongue is Rasa and that by the digestive organs is its Vipaka.

WHAT IS THE ACTION OF VIPAKA ?

The action of Vipaka is two fold—one local and the other general. The first means, that which creates an immediate effect upon the intestines and the other pervading the change in the form of Rasa. Whatever may be the original Rasa or taste of a substance, the result that is effected by digestion is alone able to bring about the pervading or the ultimate action of the Rasa. This is why, just as it is necessary to know the kind of the elemental components of the Rasa (taste) in a substance, it is equally important to know whether the kind of Rasa as recognised by the tongue assimilates with the blood in the same form or undergoes a change in between the organs of digestion. For this sake, knowledge of Vipaka is essential. To speak the truth, Vipaka is fixed in accordance with the Rasa, and it is clear from the general rule that sweet and salt substances have sweet Vipaka, sour have sour and the rest pungent. To clear this, sweet and salt substances retain their quality of being inirritating even after they are compounded with the digestive juices. The tendency of the sour towards oozing and burning is also retained, and the dejecting tendency of others is also required to be experienced by the organs of digestion. This general rule is quite clear. Now, when the Rasas have been described and the rule of their changes effective in the intestines is given, there will then be no necessity of again ascertaining the Vipaka of a substance. For, when its Rasa is known, its Vipaka is also known. But such is not the case. Because, if the Rasa of a substance is commonly felt as similar to that of another, it exists more or less in different quantities in each of such substances. Besides, there is the manifold mixture of the unmanifested Rasa or the Anurasa.

अव्यक्तोऽनुरसः किंचिदन्ते व्यक्तोऽपि चेष्यते। (अ. हृ.)

i. e. the Rasa which is not clearly manifested, or manifested afterwards, is Anurasa, and a change in the Rasa of the substance is possibbe after its association with the intestinal juices

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and then its bodily actions as inferred from the Rasa will be useless. Suppose a certain substance is pungent. In accordance with its pungency, its action in the body must be dejecting. But if in a substance it is turned sweet (undejecting) by the chemical changes undergone by it instead of remaining pungent as it is, its action in the body will also be undejecting. Under these circumstances, Vipaka is alse equally important in the Dravya-Guna-Shastra or the Science of the Ayurvedic Therapeutics. This is why knowledge of Vipaka is essential.

Veerya (The General Whole-Bodily Action of the Substance).

The meaning of the word Veerya is energy, and it has been used in Therapeutics in the same sense. It means the power existent in a substance. The Rasa and Vipaka have already inferred the nature of this power. Such inference of the power of the substance effecting its action on tee Rasa Dhatu is said to be Veerya. What are the means to recognize this or what are its characters ?

The perceptions felt by the tongue which are not so exact but gross, and, therefore, Vipakas (or the intestinal conceptions) are said to be three in number. But the same having been experienced in the limited sphere, their action in the same place is not so much clear in the form of dejection or otherwise. But the Rasa Dhatu being liquid, its components are also very minute, and naturally the action on its innumerable components should also be more minute and exact. Besides, the components of the substance assimilating with the Rasa Dhatu after they have undergone the stage of Vipaka are also very minute and, therefore, the grossness or clearness of their power in the combined stage is also changed into minuteness in the very minute tissues and the result is experienced more exactly. This minute and more exact action of many substances that is experienced in blood is two-fold, one to increase the natural heat of blood and the other to diminish it. This is the main action of Rasa and Vipaka effected on blood. Accordingly, all sorts of substances have also been seen two-fold—one hot and the other cold.

नानात्मकमपो द्रव्यमग्नीषोमौ महाबलौ।
व्यक्ताव्यक्तं जगदिव नातिक्रामति जातुचित् ॥ (अ. हृ.)

i. e. Even though there are many varieties of substances, no substance can remain without Agni (fire) and Soma (the moon)

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as of the two forms of the universal creation—Vyakta and Avyakta (visible and invisible).

Inasmuch as in this way a substance is effecting its action chiefly in two ways, this power of it has been called Ushna (hot) and Sheeta (cold). But even though these two forms are principal, there are experiences in hot, other three qualities such as Teekshnatá (excitation or agitation), Laghutá (lightness) and Rükshata (dryness or dreariness). So also in cold are experienced other three qualities such as Gurutá (heaviness), Snigdhatá (greesiness) and Mridutá (softness). In this way, two are chief and three are sub-divisions of each, so that in all there are eight kinds of Veerya, *viz.*, Hot, Light, Dreary, Agitating, Cold, Heavy, Greesy and Soft.

गुरु स्निग्धं हिमं मृदु।
लघुरूक्षोष्णातीक्ष्णं च तदेवं मतमष्टधा॥
उष्णं शीतं द्विधेवान्ये वीर्यमाचचतेऽपि च॥ (अ. हृ)

It cannot he said that every substance acts by both hot and cold or by all the eight qualities beginning with agitating, but it is reasonable to say that their power is different in accordance with the gradation or the relative importance of these qualities, and, therefore, every substance has its different Veerya or power.

चरकस्त्वाह वीर्य्यं तद्येन या क्रियते क्रिया। (अ. हृ)
येन कुर्वन्ति तद्वीर्यं। (च. सू. अ २६)

i. e. Charaka says, that, the particular action effected by the particular quality is Veerya. But it must be remembered that this particular action means the action upon blood and the appelation Veerya is applied in accordance with the same. Besides, even though there is, in this way infinity of Veerya, it should be admitted that inasmuch as Veerya or the power or energy of the substance is indicative of the exact qualities of the substance, it is twofold or eightfold,

Veerya of all the Rasas is generally fixed. Thus—

Hot:—Pungent, Sour and Salt.
Cold:—Bitter, Astringent and Sweet.
} Grading superior or progressing towards last.

रसः कटुम्ललवणा वीर्येणोष्णा यथोत्तरम्।
तिक्तः कषायो मधुरस्तद्वदेव च शीतलः॥ (अ. हृ.)

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The same rule is applicable to Teekshna, Rooksha, Guru, Snigdha, etc., just as it is applicable to the Hot and Cold Veeryas. Thus—

(These qualities also progress as above towards last).

Guru :—Salt, Astringent and Sweet.
Laghu :—Sour, Pungent and Bitter.
Rooksha :—Bitter, Pungent and Astringent.
Snigdha :—Salt, Sour and Sweet.
Teekshna :—Astringent, Bitter and Pungent.
Mridu :—Sour, Salt and Sweet.

The detailed diescription of every Rasa will, therefore, be as follows :—

	Rasa.	Vipaka.	Veerya.
1	Madhura	Madhura or Sweet	Cold ; greesy, heavy and soft.
2.	Amla	Amla or Sour	Hot ; greesy, heavy and soft.
3.	Lavana	Madhura or Sweet	Hot ; greesy, heavy and soft.
4.	Katu (Pungent)	Katu or Pungent	Hot ; agitating, dreary and light.
5.	Tikta (Bitter)	Katu or Pungent	Cold ; light, agitating and dreary.
6.	Kashaya (Astringent)	Katu or Pungent	Cold ; heavy, dreary and agitating.

These are the Vipakas and Veeryas and the sub-divisions of Veeryas of the six Rasas.

रसा द्विविधाः सौम्या आग्नेयाश्च। तत्र मधुरतिक्तकषायाः सौम्याः कटुकाम्ललवणा आग्नेयाः। (सौम्याः शीता आग्नेया उष्णाः।) मधुराम्ललवणाः स्निग्धा गुरवश्च, कटुतिक्तकषाया रुक्षा लघवश्च। (सुश्रुत)

Teekshna or agitating and Mridu or softening have been alluded to in the description of every Rasa. The above description will go to clearly prove that the qualities by the name Veerya happen to be so by the Earthen (Parthiva) components in them.

Coldness, heaviness, greesiness, softness and the sweetness of Vipaka are made up of the abundance of Earth and Water (पृथ्वी) and आप).

Heat, lightness, dreariness and agitativeness and the pungency of Vipaka are made up of the abundance of Wind and Fire (वायु and तेजस्).

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Amongst these, Wind and Ether (वायु and आकाश) are neither hot nor cold, but become cold when associated with Earth and Water, (पृथ्वी and आप) and hot when with Fire (तेजस्).

In this way, Veerya happens to be according to the elemental qualities contained in each Rasa. Then naturally, the question arises as to what is the sense in telling again the Veerya of a substance when it is already once for all settled by the general rule? The answer of this question is the same as that of the Vipaka. In many substances, Vipaka is experienced different from Rasa. So is the case with Veerya which is found to be different from one or both of them, on account of the peculiarity of the Five Elements of which they are composed. Pungent Rasa's Vipaka should be pungent alone. But in some substances, it is found to be sweet. Madhura Rasa should have the natural cold Veerya, but in some substances, it produces heat in blood. In some cases, heat is produced in blood even though the Rasa and Vipaka are Madhura, or in some greesy effect is experienced instead of dreariness as conjectured from the Kaṭu Rasa or the Katu Vipaka.

With due attention, therefore, to these changes, it is essential to mention specially the Veerya of the substance even after mentioning its Rasa and Vipāka, and as the action of every substance in the Rasa and Rakta Dhātus is found to be comparatively different, we are led to admit the infinity of Veerya. Of course, the general principles and inferences based upon them cannot be annulled.

(To be continued.)

Protect Eyes when using Sun Lamps

As the use of various types of lamps for light treatment increases, physicians who treat diseases of the eye see more and more persons who are alarmed by painful symptoms in their eyes, Dr. James Patton observes in 'The Journal of the American Medical Association.'

Sudden severe pain in both eyes, with blurred vision, sensitiveness to light and swollen and watery lids bring these patients to the doctor and inquiry reveals the giving or receiving of some sort of light treatment within the previous six or eight hours. Many of those who use these powerful lamps are entirely ignorant of the action of the light produced by them and they must be warned of the danger to the eyes, and the necessity for wearing suitable goggles for protection.

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

In Arabian medicine :

Diamond—worn imparts health to the body ; tied round the thigh of a pregnant woman during labour pain, soothes and effects a safe and speedy delivery.

Yacut (Ruby)—if worn, keeps the mind cool, peaceful and satisfied and strengthens the brain.

Taken internally, it is good in Epilepsy, Insanity, blood-spitting. It is good in cholera and keeps the surroundings free from cholera germs ; a good blood purifier. It soothes and slows irritated pulse.

Lal—brings contentment of mind, prevents spitting of blood, cures piles and all diseases due to excess of phlegm.

Juza (Cats' eye)—infuses hilarity into the mind. Tied in the hair of a pregnant woman suffering from tedious labour pains, it brings on safe and quick delivery. Relieves whooping cough if applied to the throat. Cures sores quickly by throwing off putrid matter.

Lula (Pearl)—keeps the mind calm, cool and peaceful. Lunacy, mental derangements, piles, jaundice, heart disease, gastro-intestinal diseases, and abnormal monthly flow are relieved.

Coral—a little, taken inside a plantain, relieves itches and other skin diseases. It is a good astringent and stops bleeding. Hanging round the neck cures weak stomach of children.

Zamarud (Emerald, Panna of Hindustan)—strengthens weak pulse, cures epilepsy, stops blood vomit, relieves bite of poisonous insects, and good in liver and jaundice, gravel and leprosy.

It is a cure for mental derangements, keeps the mind free from worry and anxiety, and is used as a charm in epilepsy. It preserves health if worn.

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Torquoise—extracts poison from snake-bite. It is good in diseases of head and the heart and eye-diseases. Applied to the eye as a "surma" relieves night-blindness. It also acts as a charm if worn.

Agate—cures insanity, good in bleeding from rectum and genitals, and Hæmorrhage from any part of the body.

Basud—is astringent, checks diarrhœa, ulcers, epilepsy, insanity due to phlegm and bile, dyspepsia, gravel, enlarged spleen, bloody diarrhœa, scanty urine etc. Tied over the abdomen, it is a sovereign remedy against abdominal diseases.

Eshub—is an aid to digestion ; insanity and monomania are relieved, checks pulmonary hæmoptisis (B. N. Ghosh in Health and Happiness).

The virtues of precious stones were believed in ancient times even by wearing it as ornament. The writer knows of a case of Lumbago promptly relieved by wearing Navi-sankha and it did not recur. That there is some virtue in some gems cannot be denied, if one makes an unprejudiced enquiry, though there is not the least doubt that exaggerated virtues have been ascribed to them.

(8) *In relation to Day.*

The seven days of the week are named after each planet.

(9) *In relation to Hour of Day.*

Jupiter and Mercury	preside over	Morning.
Sol and Mars	„	Noon.
Saturn and Rahu	„	Evening.

(10) *In relation to Season.*

Saturn (winter), Venus (spring), mars (summer), Luna (rains), Mercury (after rains), Jupiter (beginning of winter).

(11) *In relation to Sex.*

Mars, Sol, Jupiter	...	Masculine.
Luna and Venus	...	Feminine.
Mercury and Saturn	...	Neuter.

Herbs collected and prepared under masculine planets are good for males ; under feminine planets good for females.

(12) *In relation to Taste.*

Sol—pungent, Luna—salty, Mars—bitter, Jupiter—sweet, Venus—acid, Saturn—astringent.

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(13) *In relation to Benevolence or otherwise.*

Sol, Mars, Saturn, Rahu, Ketu—inauspicious.

Jupiter, Venus—auspicious.

Luna—inauspicious from Krishnastami to Suklastami, rest auspicious.

Mercury—auspicious or otherwise due to its association with auspicious star.

European :

Jupiter, Venus, Sol—favourable.
Saturn, Mars, Luna—unfavourable.
Mercury—variable.

(14) *In relation to "Lagna" (Ascendance).*

Sol	—ascendant at birth	—Sickly, deformed.
Luna	,,	—Good health, beautiful body.
Mars	,,	—Deformed (Leprous).
Mercury	,,	—Beautiful body.
Jupiter and Venus	,,	—Good body.
Saturn	,,	—Diseases of hand, of skin, Rheumatism.
Rahu	,,	—Sickly, diseased body.

(15) *In relation to "Drishti" in particular Houses of Heavens.*

A planet has ¼th influence on the 3rd and 10th house.
½ ,, ,, 5th and 9th
¾ ,, ,, 4th and 8th
Full ,, ,, 7th

Exceptions—Saturn has full drishti on 3rd and 10th house.
Jupiter ,, ,, 5th and 9th ,,
Mars ,, ,, 4th and 8th ,,

A planet has no drishti in its own position and on the 2nd, 6th, 11th and 12th houses.

Counting from lagna in Houses 3, 6 and 10 (Rahu and Ketu), 7, 9, 2, 5 (Jupiter), 2 and 5 (Mars), 1, 2, 3, 4, 5, 8, 9, 11, 12 (Venus) and 11 (all planets) are favourable if situated in their own house or exaltation.

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Every sign has a temperament, hot or cold, moist or dry. Every planet also has a similar temperament. Hence a hot planet in a hot sign will have its heat augmented and in a cold sign reduced. A moist planet in a moist sign will have its moisture (humidity) augmented and in a dry sign depressed and so on The result is that a moist planet in a moist sign will aggravate disease of moisture and so on.

(16) *In relation to Parts of Body and Emotion.*

Hindu—

Saturn presides over	Blood vessels and Sorrow.	
Jupiter	„	Heart, knowledge and Pleasure
Mars	„	Marrow and Strength
Sol	„	Bone and Soul
Venus	„	Semen, Passion and Desire
Mercury	„	Palate and Speech
Luna	„	Blood and Heart.

European—

Each planet influences disease of parts of the body over which it presides.

Saturn presides over bone, teeth and cartilage, right ear, spleen, bladder and memory.

Jupiter presides over blood, liver, pulmonary veins, diaphragm and muscles of the trunk, sense of touch and smell, appetite and digestive organs, faculties and judgment.

Mars presides over gall-bladder, left ear, pudenda, kidney and appetite.

Sol presides over heart and arteries, right eye in men and left eye in women, vital spirits, "Blood-Bile" and all good desires.

Mercury presides over animal spirits, legs, feet, hands, fingers, ligaments, nerves, taste, hearing, common sense, imagination and reason.

Venus presides over semen, throat, breast, abdomen, uterus, genitals, taste, smell and touch, and pleasurable sensations.

Luna presides over phlegm, brain, left eye in men, right eye in women, stomach, membrane, fear.

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(17) *In relation to Influence of Birth day.*

Sunday—

He—calm, powerful, handsome, cunning, of bilious temperament.

She—strong, fortunate but irritable.

Monday—

He—of "sattwika" temperament, short stature, yellow colour, fine intellect.

She—of amiable appearance, fortunate, cheerful, well-dressed.

Tuesday—

He—modest, merciful, martial spirit, red eyes.

She—likes red colour, easily loses temper.

Wednesday—

He—able, handsome, versatile in mind.

She—delights in good words, possesses wrath, loves religious deeds.

Thursday—

He—fine intellect, good intention, versed in the sciences of the times, good speaker, calm, dexterous.

She—given to good and charitable works, happy, never goes out of temper.

Friday—

He—acts in secret, of good intention, versed in fine arts.

She—collects money and loves cattle.

Saturday—

He—Rough, of weak body, pale, envious, always awary.

She—of feeble intellect, good eye-sight, of short hair.

(18) *In relation to Configuration of the body disposition etc.*

(1) *Saturnine* persons are known by the following physical signs :—They are moderately fleshy, of medium height, their countenance long, their eyes large and black, their teeth large, their complexion dark, they have scanty dark black hair, their beard pigeon-toed and thin. Such a person is taciturn, cynical, and disposed to be malevolent. But when "well-affected" by the planet, such persons are profound thinkers, investigators of mysteries, prudent, reticent, inclined to solitude, suspicious, laborius, patient, persevering, lover of work, eager for gain

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and masterful. When "ill affected" they are sad, melancholy, austere, timid, miserly, querulous, taciturn, solitary, followers of Black Art, suspicious, untruthful, malevolent, untrustworthy to the point of fradulence, treacherous and often suffer penalty of laws for their misdeeds.

Hindu astrology :—

Saturnine persons have their body long and thin, hair scantry, teeth deformed, eyes small, nose and lips thick, jealous, of Kapha temperament, "Tama-prakriti". They are impatient when "Vayu" is deranged. They have thick nails, yellow eyes, untruthful, intriguing, and are thin. Their body is full of prominent veins, they are lazy and are fond of astringent things.

The parts of the body influenced by Saturn are right ear, spleen, "Kapha," brain, blood vessels and kidneys.

When well affected :—Patient, grave, energetic and hard-working, unruffled, intelligent, thoughtful of future, proprietors of mines, land, cultivators and dealers of timber.

When ill-affected—Impatient, lazy, not energetic, inattentive, ignorant, vile and low occupation, suffers from disease of parts influenced.

(2) *Jupiter*—Fleshy with rounded knees, medium stature, elegant and majestic in bearing, rosy complexion, eyes dark and large, prone to baldness, thick reddish beard.

When well-affected—Simpie, just, pious, religious, faithful. humane, merciful, hilarious, gracious, open, affable, liberal, splendid, magnanimous and law-abiding.

If ill-affected—Superstitious, sentimental, prodigal, vain-glorious.

In Hindu astrology—Corpulent, with fine curling hair, high forehead, long incisors, yellow pupil, short neck, broad chest, long and thin lower part of body, "Sattwa Gun," good voice, short size, fond of sweets.

If well-affected—Religious, just, benevolent, charitable, of good morals and character, trustworthy, learned, ambitious.

If ill-affected—Over-active, addicted to double-dealing, sentimental, grumbler, untruthful, of servant class, ill-health of parts influenced.

Parts of body influenced—Lungs, blood-vessels, heart, fat, trachea and œsophagus, and hand.

(To be continued)

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VAGBHATA II.

Part I.

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

Calcutta.

——:O:——

Vagbhata's father and his Residence.

Vagbhat II was the son of Simha Gupta, an inhabitant of Sindh. Similarly Vagbhata I. says that his father was Simhagupta and his grandfather was Vagbhata.

भिषग्वरो वाग्भट इत्यभून्मे
पितामहनामधरोऽस्मि यस्य ।
सुतोऽभवत्तस्य च सिंहगुप्त-
स्तस्याप्यहं सिन्धुषु जातजन्मा ॥

Astanga Samgraha, Uttara Sthana Ch. L, p. 480.

"The name of Vagbhata's father is twice spelt Vaidyapati Sri Singhagupta and twice Sri Singha gupta" in *Ms. I. O.* 2650, Vaidyapati Sinhagupta in *Cat. Tanjore* 65, Sanghagupta in *Cat. Oxford.* 3032 and *I. O.* 2724.

The Name : The name Vagbhata is variously spelt. Vagbhata, Vaghbatta, Sinhagupta-sunu Vagbhata, Vabbhata, Vaca Bhatta, Vahatacarya, Bagbhatta, Bahbhata, Bahata (Quoted by Mallinath on *Raghuvansa* III. 1, 2, 6 ; *Oxf. Cat* P. 113b). Vahbata, Vahata (*I. O.* 2724), Bahata Vaidya. Ubhata (Ainsle. 11. viii ; AS. J. Sept. 1823, P. 242).

Teacher of Vagbhata.—He was the disciple of a Buddhist Saint, Sri Narayana Yogindra

वज्रमुनीन्द्र नामाभिधेयश्रीनारायणयोगीन्द्र ।

Ms.—R. 2804.

His date.

"In the first chapter of the *Sutra Sthana,* he acknowledges the help he received from the works of Agnivesa, Harita, Bhela and others.

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ब्रह्मा स्मृत्वाऽऽयुषो वेदं प्रजापतिमजिग्रहत् ।
सोऽश्विनौ तौ सहस्राक्षं सोऽत्रिपुत्रादिकान्मुनीन् ॥
तेऽग्निवेशादिकांस्ते तु पृथक् तन्त्राणि तेनिरे ।
तेभ्योऽतिविप्रकीर्णेभ्यः प्रायः सारतरोच्चयः ।
क्रियतेऽष्टाङ्गहृदयं नातिसंक्षेपविस्तर ॥

Astanga Hrdaya, Sutra Sthana. Ch I.

Source of A. H. S.—

His work the *Astanga Hrdaya Samhita*, the author himself states, is based on the Summary of Vabhata the elder."

अष्टाङ्गवैद्यकमहोदधिमन्थनेन
योऽष्टाङ्गसंग्रहमहामृततराशिवाप्तः ।
तस्मादनल्पफलमल्पसमुद्यमानां
प्रीत्यर्थमेतदुदितं पृथगेव तन्त्रम् ॥

Astanga Hrdaya, Uttara Sthana, Ch. 40. v. 46.

Thus we see Vagbhata II was posterior to Atreya and his diciples Agnivesa, Bhela and others and also to Vagbhata I.

Kaviraj Umes Chandra Kaviratna is responsible for the opinion that according to the *Rajtarangini* he lived at the time of Jaya Sinha, a king of Kashmira, in the twelfth Century A. D. or about 1118 or 1140 of the Saka era."

परं काश्मीरराजतरङ्गिणी समालोचनया एवमवगम्यते यथा—सिंहगुप्तसुतः परमबौद्धो वाग्भटाचार्यः काश्मीरनरपति-जयसिंहस्य प्रजापालनसमये (खृः द्वादशशताब्द्यां, शक ११११८-४०) वर्त्तमान आसीत् । वैद्यकशब्दसिन्धु १॥/० ।

This has been quoted by Dr. Cordier in his *Vagbhata et L'Astanga Hridaya Samhita*. But the name of Vagbhata does not occur in Stein's edition of the *Raj*, which is no doubt the most reliable, and so we can easily dismiss this view as untenable.

He continues.—तथा विजयनगराधिपस्य बुक्कराजस्य समसामयिको माधवः स्वग्रन्थे वाभट उद्धृतः । इदमपि नववर्षशतमतीतम् । अतस्तस्मिन्नेव समये वाभट संहितामकरोदिति मादृशां मतं ।

"Madhaba, a contemporary Bukka, king of Vijayanagara, has quoted Vagbhata in his book. This is also nine hundred years ago, So we think that Vagbhata work was composed about that time."

We have shown (see *History of Indian Medicine*, Vol. III. pp 790-96) that the reference by the Buddhist pilgrim I'tsing who resided ten years in the Nalanda University from about 675-686 A.D. in *Records of Buddhist Practices* that "the eight arts (*i.e.*, the branches of medicine) formerly existed in eight books but

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lately a man epitomised them and made them on one bundle (or book)" (I'tsing,—*Records of the Buddhist Religion.* Transl. by Professor Takakusu, p. 128) is to the *Astangahrdaya Samhita* of Vagbhata II. The opinions of Jolly and Hoerule have been fully discussed there and I refer my readers to its pages.

The Arbian physician Rhases (882 A.D.) has quoted an Indian author Sindaxar or Sindicara. This Sindhicara is indentified with Vagbhata II of Sindh. We also know that *Astangahridaya Samhita* was one of the medical works translated into Arabic by the order of Caliphs in the eighth century.

Caraka and Vagbhata II

The fact that Caraka is not referred to here as one of the sources of Vagbhata II has been taken advantage of by some to prove the posteriority of Caraka.* They conclude that Agnivesa and Susruta wrote their works long before him, and the *Agnivesa Tantra* was not called by the name of, and in fact was not as yet edited by, Caraka, at the time when Vagbhata II flourished. The argument is however not conclusive ; it only shows that the *Agnivesa Tantra* was available to Vagbata II in its original form. No definite results can be expected from this *argumentum ex silentio.* Again it may easily be imagined, and I think it is the right view of the question, that Caraka lived and edited Agnivesa's work long before Vagbhata, the reason of Caraka being not mentioned in Vagbhata's book, is the fact that Caraka did not usurp the authorship of *Agnivesa Tantra* but clearly states at the end of each chapter the real nature of his share in the authorship of his book in the following words :— "Here ends the chapter of *Agnivesa Tantra* as corrected and edited by Caraka." Many modern text books of medicine have been edited and improved, though the books are still called after the orginal authors. Moreover to make Caraka flourish after Vagbhata II would bring him to quite modern times.

We are however arguing on false premises. Though Caraka is not mentioned in the *Sutra Sthana* of *Astangahrdaya,* his name occurs in the *Uttara Sthana.* So there can be no doubt that

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* "It would appear also that at the time Vagbhata lived, Agnivesha's work was not called by the name of Caraka, and Susruta had also been written. Hence it follows that Caraka's edition of Agnivesa, that is the work now called Caraka, was probably edited after Susruta had been written.

Dutt's Materia Medica of the Hindus, Intro., p. IX.

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Caraka's edition of Agnivesa was current in India long before Vagbhata II wrote his *Astangahrdaya Samhita.*

यदि चरकमधीते तदनुवं सुश्रुतादि
प्रणिगदितगदानां नाममात्रेऽपि वाह्यः ।
अथ चरकविहीनः प्रक्रियायामखिन्नः
किमिह खलु करोतु व्याधितानां वराकः ॥ ४९ ॥

* * *

ऋषिप्रणीते प्रीतिश्चेन्मुक्त्वा चरकसुश्रुतौ ।
भेड़ाद्याः किं न पठ्यन्ते तस्माद्वाह्यं सुभाषितम् ॥ ५२ ॥

Astangahrdaya Samhita, (Ed Vijayratna sen), Uttara Sthana Ch XL.

Vagbhata I and Vagbhata II.

As to the identity of the two authors, opinions differ. Some say they are identical, while others affirm that they were different authors who flourished in different periods, separated from each other by lapse of centuries.

1. They are the same person.—

(i) Both Vagbhata I and Vagbhata II seem to have been Buddhistic in religion. Salutation is offered to Budha by Vagbhata II at the beginning of *A. H. S.* in the same manner as in *A. S.* by Vagbhat I.

(ii) In the *Uttara Tantra*, Vagbhata II distinctly affirms that the *A. H. S.* is based chiefly on *A. S.*

(iii) The name of their father is the same *i.e.*, Singhagupta of Sindh.

2. Vagbhata I and II are different authors :—

(i) The style of the books :—The *A. S.* is written in prose and verse just like the treaties of Caraka and Susruta. In fact, the ancient medical books were written in prose and verse. This method has been totally discarded in the *A. H. S.* where we find flourish of poetical composition wholly superseding the straightforward prose diction of the early authors. In *A. H. S.* we find the beginning of the poetical style of writing scientific medical books and this practice became so popular that even the commentaries are found to quote only verses from the previous authors instead of the good descriptions in prose, even at the sacrifice of accuracy and clearness.

(ii) What is the object of the same author in writing two books on the same subject? Vagbhata I wrote his *A. S.* as a compila-

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tion from the ancient works on medicine. This attempt was due to his intention of supplying a long-felt want of the medical students, who were unable to read the various treatises on the medical and surgical knowledge. For instance, a student of medicine may profit by Caraka's works as regards inner medicine but he will not know much of the surgical knowlege unless he reads the works of Susruta, Aupadhenava and others. So he attempted this famous compilation, in which both the medical and surgical knowledge of the time found a place. In this endeavour, he was eminently successful. His book is written in a clear style and is well arranged, so it seems inexplicable why he should venture on another work, which is decidely inferior in quality to his original contribution. The *A. H. S.* is an epitome of the *A. S*, the formulæ, which are written in prose in the former adorn the pages of the latter in highly fascinating verses ; but it must be said that *A. S.* has not been equalled by its later edition (if I may call it so) the *A. H. S.*

3. Some say that Vagbhata II distinctly states that his name and the name of his grandfather is the same : पितामहनाम धरोस्मि यस्य।

So it is possible that Vagbhata the grandfather of Vagbhata II is the author of *Astanga Samgraha*, and he composed the *Astanga Hridaya Samhita*, as an epitome of his grandfather's work. But it is Vagbhata I who says that his and his grandfather's names are the same. So nothing can be proved from this *sloka*. The sloka occurs in *A. S.* Thus we find that Vagbhata is a family name and that there were Vagbhatas who became famous as authors of medical treatises. There was a Vagbhata III, the author of *Rasaratnasamuccaya*, who also identified himself with Vagbhata I and described himself as son of Sinhagupta of Sindh.

The religion of Vagbhata II.

In the *Vaidyaka Sabda Sindu*, we find :—"It is said, that Vagbhata, formerly a Brahmin, was persuaded by a Bauddha priest to adopt his religion, which he embraced in the latter part of his life. This opinion is cherished by the learned Pandits of Southern India." This belief is also refered to in the Aufrecht's *Catatogue*.

Dr. Ray writes : "The opening salutation of *Astanga*, which is addressed either to Buddha or some Buddhistic emblem, clearly reveals the religious faith of its author."

"Internal evidence also fully suports our author's proclivities towards Buddhism, and he seems to have flourished at a time when

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the religion of Sakya Muni held its own in India. The Chinese Pilgrim I'Tsing speaks of a compiler of the eight divisions of the Ayurveda ;—possibly this may refer to Vagbhata."

Thus there is difference of opinion as to whether he was a Brahmin or a Buddhist.

His works :

1. The *Astanga Hrdaya Samhita.*—The book, as has been pointed out before, is based on the works of Agnivesa and the disciples of Atreya, namely, Caraka, Susruta and Vagbhata.

Begins :—

रागादिरोगान् सततानुषक्तानशेषकायप्रसृतानशेषान् ।
औत्सुक्यमोहारतिदान् जघान योऽपूर्ववैद्याय नमोऽस्तु तस्मै ॥
अथात आयुष्कामीयमध्यायं व्याख्यास्यामः ।
इति ह स्माहुरात्रेयादयो महर्षयः ॥
आयुःकामयमानेन धर्मार्थसुखसाधनम् ।
आयुर्वेदोपदेशेषु विधेयः परमादरः ॥
ब्रह्मा स्मृत्वाऽऽयुषो वेदं प्रजापतिमजिग्रहत् ।
सोऽश्विनौ तौ सहस्राक्षं सोऽत्रिपुत्रादिकान्मुनीन् ॥
तेऽग्निवेशादिकांस्ते तु पृथक्स्वाणि तेनिरे ।
तेभ्योऽतिविप्रकीर्णेभ्यः प्रायः सारतरोच्चयः ।
क्रियतेऽष्टाङ्गहृदयं नाति संक्षिप्तविस्तरं ॥

Ends :—

ऋषिप्रणीते प्रीतिश्चेन्मुक्ता चरकसुश्रुतौ
भेडाद्याः किं न पठ्यन्ते तस्माद् ग्राह्यं सुभाषितं ॥
हृदयमिव हृदयमेतत् सर्वायुर्वेदवाङ्मयःपयोधेः ।
दृष्ट्वा यच्छुभमाप्तं शुभमस्तु परं ततो जगतः ॥

Colophon :—

इति श्रीसिंहगुप्तसूनु वागभटविरचितायामष्टाङ्गहृदयसंहितायामुत्तरस्थानं समाप्तम् ॥

Origin of the Name of the Book.

"The work is so called because it deals with eight topics or eight classes of treatment of diseases.

कायबालग्रहोर्ध्वाङ्गशल्यदंष्ट्राजरावृषान् ।
अष्टावङ्गानि तस्मादाहुश्चिकित्सा येषु संश्रिता ॥

A. H. S. I. 1, v. 5.

In the *Vagbhatartha Kaumudi*, we find that the name is derived from the fact that as the heart (हृदयं) is the principal

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organ of the body, so this compendium being the best of all the treatises is called the "Heart of the Octropartrite Science."—

अष्टाङ्गहृदयमिति यथा शरीरस्य सर्व्वावयवेभ्यः प्रधान देशो हि हृदयं तथेदमष्टाङ्गायुर्व्वेदस्य हृदयमिव हृदयं।

Vagbhatartha Kaumudi, I. i. v. 5.

Mss. of A. H. S.—

I. O. { 2455 3217 11956 2781 72a
2649 2650 2651 2652 2653 2654.

A. M.— P. 150 P. 140 P. 140

Bik Mss.—1378, 1441.

Ul. Cat.— 1615.

Ox. Cat.— 741, 742.

Berlin Cat.—933.

D. C. S. Mss. (Madras) Vol. xxiii. No. 13072, 13073, 13074, 13075, 13076, 13077, 13078, 13079, 13080, 13081, 13082, 13083.

Analysis of the contents of A. H. S.

Section 1. Sutra Sthanam... On general topics and aphorisms.

Ch. 1. Ayuskamiya ... Introduction, general consideration ; contents of the book.

2. Dinacarya ... On daily observances.

3. Ritucarya ... On seasonal observances.

4. Roganamutpadaniya ... On the origin of diseases.

5. Dravadravyavijnaniya ... On liquid substances ; water, milk, etc.

6. Annasvarupavijnaniya... On food ;—the different kinds of rice, meat, herbs, fruits ; their measures and properties.

7. Annaraksa ... On the protection of food stuffs from poisoning ; characteristics of poisoned food : treatment of poisoning. precautions to be observed by kings on incompatibility in the food-stuffs, sleep during day and night, cohabitation with women.

8. Matrasitiya ... On proper regimen and personal hygiene.

9. Dravyadivijnaniya ... On the composition, taste and action of medicaments.

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10. Rasabhediya ... On the different varieties of *Rasa* (taste).
11. Dosadivijnaniya ... On the *dosas* (*Vayu*, *Pitta* and *Kapha*) and their derangements.
12. Dosabhediya ... On the names and seats of the different *doshas*.
13. Dosopokramania ... On the treatment of the derangements of the *doshas*.
14. Dvibidhopakramaniya ... On the two principles of treatment, *santarpana* (stimulant) and *apatarpana* (abstinence).
15. Sadhanadiganasamgraha On corrective, emetic and purgative medicines and their groups.
16. Snehabidhi ... On oleaginous remedies and their application.
17. Svedabidhi ... On diaphoresis.
18. Vamanavirecanabidhi ... On the methods of emesis and purgation.
19. Vastibidhi ... On clysters.
20. Nasyabidhi ... On snuffs.
21. Dhumapanabidhi ... On fumigation.
22. Gandusadibidhi ... On gargles.
23. Ascatana-anjanabidhi ... On the eye drops, collyrium, etc.
24. Tarpana-putapakabidhi On the treatment of eye diseases by soothing applications.
25. Yantrabidhi ... On blunt surgical instruments and appliances.
26. Sastrabidhi ... On sharp surgical instruments and leeches.
27. Siravyadhabidhi ... On venesection.
28. Salyaharanabidhi ... On the extraction of arrows and other foreign bodies.
29. Sastrakarmabidhi ... On the practical training in surgical operations.
30. Ksara-agnikarmabidhi... On caustics and actual cautery, their preparation and uses.

Section II. Sarira Sthanam—On Anatomy.

1. Garbhopokranti Sariram...On the anatomy of pregnancy and the fœtus.

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2. Garbhavyapat Sariram... On difficult labour and diseases of pregnancy.
3. Angabibhagam „ ... On the parts of the human body. Human anatomy.
4. Marmavibhagam „ ... On the vital parts of the body.
5. Vikrtivijnaniyam „ ... On the abnormal characters.
6. Dutadivijnaniyam „ ... On messengers.

Section III. Nidana Sthanam—On Pathology.

Ch. 1. Sarvaroga Nidanam ... On pathology of all diseases.
2. Jvara „ ... On pathology of fever.
3. Raktapitta-kasa „ ... On pathology of hæmorrhage.
4. Svasa-hikka „ ... On pathology of asthma.
5. Rajajaksma „ ... On pathology of phthisis.
6. Madatyaya „ ... On pathology of delirum tremens.
7. Arsasa „ ... On path logy of piles and hæmorrhoids.
8. Atisara garahani „ ... On pathology of dirrhœa.
9. Mutraghata „ ... On pathology of retention of urine.
10. Prameha „ ... On pathology of morbid urinary secretion ; diabetes.
11. Vidradhivrddhi-gulma „ ... On pathology of morbid deep seated abscess, tumours, etc.
12. Udara „ ... On pathology of morbid abdominal diseases.
13. Pandurogasoa-visarpa „ ... On pathology of morbid anæmia.
14. Kusthakrimi „ ... On pathology of morbid leprosy and other diseases of the skin.
15. Vatavyadhi „ ... On pathology of morbid diseases of the nervous system.
16. Vatasonita „ ... On pathology of morbid leprosy.

Section IV. Cikitsita Sthanam—Section on Treatment.

Ch. 1. Jvara cikitsitam ... On treatment of fever.
2. Rakta-pitta „ ... „ „ of haemorrhage.
3. Kasa „ ... „ „ of cough.
4. Svasa hikka „ ... „ „ of asthma.
5. Rajajaksmasvara-bhedaarocaka „ ... „ „ of phthisis, hoarseness and anorexia.

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6.	Chardi-hrdroga-trisna Cikitsitam	...	On treatment of vomiting, heart disease and thirst.
7.	Madatyaya	,, ...	On treatment of delirium tremens.
8.	Arsasam	,, ... ,,	,, of haemorrhoids.
9.	Atisara	,, ... ,,	,, of diarrhœa.
10.	Grahanidosa	,, ...	On treatment of chronic diarrhœa.
11.	Mutraghata	,, ... ,,	,, of retention of urine.
12.	Prameha	,, ... ,,	,, of morbid urinary secretions and diabetes.
13.	Vidradhi-vrdhi	,, ...	On treatment of abscess, hernia, hydrocele, etc.
14.	Gulma	,, ... ,,	,, of tumours.
15.	Udara	,, ... ,,	,, of abdominal disease.
16.	Panduroga	,, ... ,,	,, of anaemia.
17.	Svayathu	,, ... ,,	,, of inflammation and swelling.
18.	Visarpa	,, ... ,,	,, of erysipelas.
19.	Kustha	,, ... ,,	,, of leprosy and other skin diseases.
20.	Svitra	,, ... ,,	,, of leucoderms and worms.
21.	Vatavyadhi	,, ... ,,	,, of diseases of the nervous system.
22.	Vatasonitavyadhi	,, ... ,,	,, of leprosy.

Section V. Kalpasthana:—Section on emesis and purgation.

Ch. 1.	Vamana-Kalpa	... On emesis.
2.	Virecana-Kalpa	... On purgation.
3.	Vamanvirecanavyapadsiddhi	... On the dangers of emesis purgation and their treatment.
4.	Vasti-Kalpa	... On clysters and formulae for them.
5.	Vastivyapadsiddhi	... On the complications of *vasti*,—their symptoms and treatment.
6.	Bhesaja-Kalpa	... On vegetable drugs and their collection.

Section VI. Uttara Sthanam.—Appendix.

Ch. 1,	Valopocaraniya	... On the management of children.
2.	Valamayapratisedha	... On treatment of diseases of children.

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3.	Valagrahapratisedha	... On treatment of seizures of children.
4.	Bhutavijnanam	... On the *bhutas* or super-human agencies.
5.	Bhutapratisedha	... On treatment of diseases caused by *bhutas*.
6.	Unmadapratisedha	... On treatment of insanity.
7.	Apasmara pratisedha	... On treatment of epilepsy.
8.	Vartaroga vijnaniya	... On diseases of eyelids.
9.	,, pratisheda	... On treatment of diseases of eyelids.
10.	Sandhisitasitaroga-vijnaniya	... On diseases of the joinings of the eye.
11.	Sandhisitasitaroga-pratisheda	... On treatment of diseases of the joinings of the eye.
12.	Drstiroga-vijnaniya	... On diseases of the pupil and of the crystalline lens.
13.	Timirapratisedha	... On treatment of loss of vision.
14.	Liniganasapratisedha	... On treatment of blind eyes.
15.	Sarvaksirogavijnaniya	... On diseases of eye in general.
16.	,, pratisedha	... On treatment of diseases of eye.
17.	Karnarogavijnaniya	... On diseases of ears.
18.	,, pratisedha	... On treatment of diseases of ears.
19.	Nasarogavijnaniya	... On diseases of nose.
20.	,, pratisedha	... On treatment of diseases of nose.
21.	Mukharogavijnaniya	... On diseases of mouth.
22.	,, patisedha	... On treatment of diseases of mouth
23.	Sirorogavijanam	... On diseases of head.
24.	Siroroga pratisdha	... On treatment of diseases of head.
25.	Vranavijnaniya	... On ulcers.
26.	Sarvovranapratisedha	... On the treatment of wounds.
27.	Bhanga ,,	... On the treatment of fracture.
28.	Bhagandara ,,	... On the treatment of fistula-in-ano.
29.	Granthyarbuda slipad-apacinadivijnaniya	... On the glandular enlargements, elephantiasis, etc.
30.	,, ,, pratisedha	... On the treatment of glandular enlargements.
31.	Ksudrarogavijnaniya	... On minor diseases.

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32. Ksudraroga pratisedha... On treatment of minor diseases.
33. Gudarogavijnaniya ... On diseases of organs of generation.
34. ,, pratisedha ... On treatment of disease of generative organs.
35. Visa-pratisedha ... On treatment of poisons.
36. Sarpavisa-pratisedha ... On snake-bite, etc.
37. Kitalutanikisa-pratisedha ... On treatment of insect-bite, spider-bite.
38. Musikalarkavisa pratisedha ... On treatment of mouse-bite.
39. Rasayanam ... On longevity and methods of attaining it.
40. Vajikaranam ... On rejuvenation and the use of aphrodisiacs to promote virile power.

Thus it is clear that the arrangement and even the subject matter of *Astanga Hridaya Samhita* closely follow the order of *Astangasamgraha*.

Editions :—There are various editions of the book but the following are reliable :—

1. By Dr. Anna Moresvara Kunte, M D., 2 vols., Bombay, 1880 ; 2nd Ed., 1891.
2. By Jibananda Vidyasagara, Calcutta, 1882. 8. 675 pages.
3. By Vijayratna Sen Kaviranjana, Calcutta, 1885 90, in two vols. with *Sarvanga Sundari*.
4. By Ganesh Sastri Tartevaidya, Bombay, 1888.
5. In Sanskrit and Bengali, with the commentary of Arunadatta by Vijayratna Sen Gupta, Calcutta, 1888.
6. In Sanskrit and Guzrathi by Behicharlal Nathuram, Ahmedabad, 1889.
7. In Sanskrit and Bengali by Kalisa Cundra Sen Gupta, Calcutta, 1920-1892.
8. In Sanskrit and Hindi by Pandit Rabi Dutta, Bombay, 1890.
9. In Sanskrit and Marathi by Ganes Krisna Garde, Poona, 1891.
10. In Sanskrit and Bengali by *Kaviraja* Binod Lal Sen, Calcutta, 1891-1892.
11. Benares Edition.

(*To be continued*).

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Health and Hygiene

—:o:—

GET RID OF FEAR

Woman Doctor Urges Parents to Develop Courage in Children.

The need to develop courage in children was stressed by Dr. Alice Hutchinson, addressing the British Social Hygiene Council's summer school at Welwyn, Herts.

"Throughout life it is courage we want," she said, "courage to experiment, to go forward, to resist, to hold out, to stand alone.

"This is a very difficult time for our young people. There is this general slackness and indolence creeping through until one sometimes wonders if the British Empire is on the downward path at last."

The greatest harm people could do to a child was to make it the slave of fear. There was still far too much punishment in order to secure good behaviour

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SNORING HABIT—HOW TO GET RID OF THE DISEASE

Snoring may be due to a number of factors, but the principal one is the vibration of the soft palate. Intranasal obstruction sometimes causes snoring which may be more of the character of laboured breathing than vibration of the soft palate.

On the other hand, when there is nasal obstruction and the person is forced to breathe through the mouth, particularly when he is lying on his back, the soft palate falls towards the posterior pharyngeal wall and then often vibrates loudly. If he lies on his side or on his abdomen, the soft plate and uvula fall away from the posterior pharyngeal wall and there is much less tendency to snoring. While the nasal obstruction is an important factor, snoring is avoided if the person does not lie on his back.

If the nasal obstruction is due to pendulous, enlargements of the inferior turbinate, especially of the enlarged parts may be of assistance. If the uvula is very long, a portion may be removed. If there is rhinitis with swelling which causes considerable nasal obstruction when the person is lying down, galvanocautery of the mucous membranes of the inferior turbinates often improves the breathing space.

The posture during sleep, however, seems to be so important that if a person can be taught to sleep on his side snoring is in many instances greatly diminshed, if not actually prevented. In some cases, however, proper posture intranasal manipulations of various kinds, or even the amputation of a very long uvula will not suffice to eliminate the noise.

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Reports of Societies, etc.

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DRUGS ENQUIRY COMMITTEE 1930.

Answers to the Questionnaire.

From Dr. Girindra Nath Mukerji, B.A., M.D. F.A.S.B.
Editor, The Journal of Ayurveda,
CALCUTTA.

To
The Secretary
Drugs Enquiry Committee,
1, Council House Street, Calcutta.

Dear sir,

With refernce to your letter No. 161, dated the 11th October, I beg to send the following reply to the questionnaire sent therewith.

1. As a rule we use drugs and chemicals of good quality, as medicines are generally bought from reliable firms. But on many occasions we were compelled to conclude that we were using medicines and drugs of defective chemical strength as judged by their physiological action. Many drugs are imported from foreign countries and manufactured in India which were found useless as medicines. Their entrance in our market should be prevented by legislation if neccessary.

The tinctures and extracts, which are now made in this country, have been found to be in no way inferior in quality or defective in strength than the imported products.

2. In surgical practice I have more than once been seriously inconvenienced by the inferior quality of choloroform. Many brands of surgical dressings are worse than useless.

Preparations of digitalis often showed defect in standard. The high price of santonine invited many fraudulent imitations. The pentavalent compounds of antimony are not definitely standardised. Cinchona and quinine are often adulterated. The arsenical preparations offered for sale are not properly tested before being put on the market.

3. The biological products offered for sale are generally good in quality and have the required potency. Their standardissation is difficult and varies in the Pharmacopœias of different nations. As examples, let us consider,—

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(1) Organo-therapy.

(i) The estimation of the value of ovarian preparations depends upon clinical observation, and no two observers agree in their verdict. The methods employed varied widely. One worker extracts his material with special regard for lipoid-soluble substances, another prefers protein solution as free from lepoid as possible, and a third, a solution of certain protein-cleavage products, the so called optones. It will be readily understood why those preparations that contain the substance of the organ but little changed in composition are considered to be most trustworthy, *e g.* plain descicated ovary.

(ii) The thyroid gland preparations in the market exhibit a marked difference in the standard of activity as the specific hormones cannot be got by chemical and physical methods. Thyroxine, an iodine contianing substance, has been isolated, but it is not identical with thyroidine that is, of the total substance of the gland. So thyroxine cannot be the only hormone in the thyroid gland ; consequently, standardisation of the thyroid gland by its thyroxine content is useless.

The action of thyroid gland depends upon its iodine content. The German Pharmacopoeia accepts the control of the iodine content as sufficient ; but the amount of iodine content does not decide the strength of its action.

So the biological methods have been proposed. It may be done in two ways :—

(1) Determination of the basal metabolism in which oxygen intake and carbon dioxide excretion can be controlled. This method is complicated, inexact and takes time.

(2) The oxidation process in the organism, which is increased by thyroid feeding, can easily be controlled by means of the weight of the animal. This method has been utilised in some reliable firms.

(2) *Serums.*

All the serum preparations manufactured in India and Europe should, before being placed upon the market, be subjected to reliable medical control and must undergo a Government test. Thus central test houses are necessary in each province to pronounce judgment on the quality of the preparation and analysis of drugs.

The date of their manufacture is to be stated on the label. An expiry date is generally noted but that is for cold climate. The expiry date of vaccines is generally three years from the date of manufacture except the vaccines of the typhoid series of which the period is eighteen months.

Vaccines and sera are now prepared in India, The therapeutic value of the indigenous preparations depend upon their standardisation and

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have been found to be efficacious and cheap. But they must pass the required test of standardisation. The resolution No. 17 of the Indian Medical Conference, 1930 runs as follows.—"This Conference urges all Medical practitioners to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances, etc. of Indian manufacture." I would only add "If these are found good and properly certified by an independent and responsible test house."

The bacteriological department of a laboratory should be staffed by medical men and veterinary surgeons who will be in charge of such products as diphtheria antitoxin, tetanic antitoxin, serums for dysentery and spotted fever and tuberculins for diagnosis and treatment of the dreaded disease—tuberculosis. It is clear that a product to be used on man in the treatment of disease must be absolutely dependable in regard to its purity or reliability.

4. There should be legislation to control the potency and purity of drugs and chemicals. A resolution for the appointment of a Committee to enquire and to take steps to control the indiscriminate use of medicinal drugs, and to legislate for the standardisation of the preparations and for sale of such drugs was adopted by the Council of State in 1927. Undoubtedly the appointment of such a Committee actually took place in 1930. But it is never too late. The desirability of such an enquiry cannot be denied as the Indian market is flooded with preparations of medicines subjected to no control. The Food and Drugs Act in existence in the United Kingdom does not apply to drugs or food-staff exported to India. Many new firms have been established also in India without proper equipment and without the neccessary control, and the result is that there is no provision to check the medical products prepared by unqualified persons. There is a Food and Drugs Act for the city of Calcutta, but it has not been successful in checking adulteration, though it is armed with sufficient power to deal with adulteration of drug and food. The necessity of some measure for controlling importation of spurious drugs or manufacture of drugs of inferior quality in India is admitted by all. For the safety of the public, legislation is neccessary to put a stop to the sale of such preparations.

5. I consider that State Control is necessary. For the control of therapeutic agents we may follow the steps taken in Great Britain, United states of America and other civilised countries, modified by the requirements of our land. Their should be a Central Control Laboratory to test therapeutic agents.

6. It is essential that in the control laboratory, the services of experts in the method of analysis and control of medical preparations should be utilised. If qualified Indians are available for appointment in the staff, they should get preference over candidates from other countries.

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An Indian Board of Drug Control should be established consisting of official and non official medical men as members who would take steps to ensure the purity and activity of all medicinal substances manufatured or imported.

7. For the present, indigenous medicines and their preparations need not be interfered with. The formulas of Ayurvedic preparations are not secret,—their ingredients, measure and method of preparation are clearly written in their text books. As a rule, the Ayurvedic physicians use drugs and plants acccording to their theory and practice ; isolation of active principles of the medicaments would not fulfil their requirements. No definite standards of their drugs are available. They use drugs which grow upon the soil of India ; they consider fresh products made locally more efficacious than modern tinctures and extracts. Minute and queer directions are given for collection of drugs, their storage and preparation which are not intelligible to us. To standardise Ayurvedic medicines by legislation would be to strike a death-blow to the science as we find it to-day. We do not know the real properties of their medicines, no proper analysis of the drugs has been made, and as the number of Ayurvedic drugs is very large, it would take years of patient investigation to ascertain their potency by the use of modern appliances. But personally I think that there should be some check upon the preparations of their medicines. Unfortunately the Government is to be blamed for not placing Ayurveda on proper footing An Ayurvedic committee was appointed by Government ; it worked for months, collecred materials and reports, took evidence of experts and even submitted their considered findings. But the final report was not published and no action was taken. If a college of Ayurveda were started by Government, students would have been trained in the scientific methods and standardisation of drugs would have been possible and keenly sought for by the votaries of the science. Indigenous medicines, if scientifically cultivated are likely to yeild a rich find of useful weapons to fight disease. But to thrust the final scientific triumph of modern advanced technique of drug standardisation would not only be unjust but practically impossible.

I use some of the preparations of Ayurvedic remedies and find them to be efficacious.

8. I have never come accross any case where Ayurvedic medicines prescribed by a physician proved injurious to his patient. As there should be some control, a committee of experts consisting of eminent Kaviraies and Indian medical men should be formed to control their preparation of medicine. The modern methods of research in pharmacology may be introduced gradually, so that the public may have full confidence in its working.

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9. The sale of proprietory medicine is gradually increasing in India. The catching advertisements in newspapers and magazines have convinced the public that they can treat their diseases with those remedies at a minimum cost. Proprietory medicines with secret formulae must not be allowed to be sold in the Indian market unless the full composition of the drugs be labelled on the container and the usefulness of the medicine for the disease be properly certified. A committee should be formed to report to the authorities about these medicines. It is undoubtedly unprofessional to certify any product of a business firm, but such certificates even from qualified medical men are far from rare in the East and West.

10. *Dispensing.*

The dispensing service should be in the hand of qualified pharmacists or passed compounders. Importance should be attached to accurate dispensing and a system of testing prescriptions should be introduced. The compounders should be asked to repeat the name of the ingredients with their measures of any preparation made on prescription. The analysis of any preparation made on prescription is not possible in ordinary pharmacies and special training for prescription analysis is not always avilable. The medicine prepared by the compounders may be checked by a comparison with the medicine prepared in the presence of the doctor.

Selected dispensaries should be empowered to train up compounders who must appear at the final examination held by the Government. The standard of examination of the compounders should be raised to make them more useful to pharmaceutical profession. The Madras Medical College has a special course of study to qualify students as chemists and druggists. Similar course of study should be prescribed and taught to students in the other Indian Universities. In this connection I quote the resolution No. 18 passed by the Indian Medical Conference this year.—"This Conference urges upon the Government of India and Central legislature the immediate necessity of taking adequate steps to introduce measures for the licensing of chemists and druggists and for providing a suitable number of public analysts in all provinces."

Raw Materials.

It is the duty of the Government to start cultivation of medicinal plants for manufacture of drugs in India. The materials would be useful to manufacturers not only of European medicines but also of the Ayurvedic remedial agents.

Drug Stores.—

Any body is competent to open a drug store in India. He appoints a passed compounder and often earns a decent income. But as he is

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not interested in the quality of his medicines and often buys imitation products and passes them as genuine drugs, his patients do not get the full benefit of the prescription written by his medical attendant. But if the dispensary owner is a pharmacist, the quality of his drugs will not be allowed to deteriorate and the public would get reliable medicines at a reasonable cost. Dispensaries are no doubt inspected in Calcutta by Municipal Sanitary Inspectors, but such inspection often becomes formal and does not help the public or the owner of the dispensary.

The titles "Pharmaceutical Chemists" or "Chemists and Druggists should only be used by a pharmacy under the supervision of a qulified pharmacist. The licenses to sell dangerous drugs should be given only to qualified persons and not to any body or every body who applies for it and pays the prescribed fee. Such step will reduce the number of suicide by the use of opium, etc.

11. *Standardisation of drugs.*

Standardisation is undoubtedly the only method that should be adopted by the chemists and druggists as it ensures uniformity in the various preparations of drugs. But in the British Pharmacopoeia only a minority of galenicals are definitely standardised.

Methods.

Preparations of alkaloidal and resinous drugs are standardised on the basis of their active principles. (1) Some important drugs are standardised on the basis of their physiological action (2) Recently attempts have been made to investigate and establish methodical tests applicable to chemical substances and chemical preparations and drugs by microscopical examination of the products, quantitative determination of alkaloids, alkaloidal derivatives, glucosides, or other active principles of drugs and also of the extracts and tinctures derived therefrom. Besides the official alkaloids there is a group of non-official alkaloids which are used by medical men and consequently require standardisation.

Difficulties.

The extracts of narcotic drugs as opium, nux-vomica, etc, have been subjected to quantitative analysis and definitely standardised. But we meet with difficulties when we attempt standardisation of other drugs. The standardisation of Ext. Hyoscyamus and Belladonna is not likely to lead to uniform result, as different pharmacopoeias have set up different standards of their potency,

The B. P. requires several extracts to conform quantitatively to certain reliable tests ; but these are too elaborate and lengthy for the purpose of a pharmaceutical laboratory. Alkaloid analysis is after all not so simple as appears from the prescripts of the pharmacopœia. The directions are liable of individual interpretation and may lead to the

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individual manner of conducting the test. The personal factor cannot be eliminated. One is struck by a distressing want of uniformity in the reports of analyses conducted even by reliable analysts independently.

The Standard.

The pharmacopoeia prescribes a minimum standard which is evidently meant for the nation but may be too high for a nation weaker in constitution or placed in unfavourable circumstances. Nature does not always and every where supply her plants or their members in accordance with certain direction prescribed in a pharmacopoeia and it may happen that a finished product does not show the prescribed and the expected potency. To reject such an extract is extremely vexatious to the pharmacist for the labour lost and the unprofitable cost of the drugs. The addition of pure alkaloid to supplement the deficiency would constitute an act of aduiteration, and it is difficult to demonstrate the fact of such adulteration.

Extract of Hyoscyamus and Belladonna cannot be distingished, as both furnish the same reaction proposed for their identification by the Pharmacopoeia. These extracts may be substituted one for the other, or one may be used to supplement the dificiency in potency of the other. Again Extract Belladonna, prepared from the roots, contains distinctly a higher percentage of alkaloid than an extract prepared from the leaves. To make up the deficiency in the strength of the leaf-extract, a quantity of root-extract may be added; but it would constitute an act of adulteration.

The standard fixed for America is generaliy adopted in many pharmacopoeias, but it would be considered high for India.

Other Safe-guards.

Every product made by a manufacturing firm must pass through Control and Analytical Laboratory where it should be put through the most sringent tests before it may go forth bearing the name of the firm All tests employed in testing and standardising the finished products must be of such a character as to fulfil the requirments of all the pharmacopoeias.

The storage of the finished produts in ware-houses and magazines, their despatch by Railway trucks and Motor vehicles to the ultimate places of destination—in pharmacies, in clinical and analytical laboratories, hospitals and infirmaries, in medical schools and colleges of science—must be under the supervision of trained chemists, especially in the cases of more potent and poisonous products.

Regulation under the Therapeutic Substance Act, 1925, requires the date of manufacture to be stated on the label An expiry date should also be noted, especially in the tropical climate as is the case of

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serum, etc. This rule should be observed in cases of proprietory articles and medicines and also for articles of diet.

A system of stock control to ensure renewal at frequent intervals of all medicinal products is necessary so that the public may get medicines fresh and free from deterioration due to prolonged storage.

Every manufacturing firm should have a department for research in therapeutics, so that valuable therapeutic agents may be introduced in medical practice. This policy of scientific research should be adhered to and may lead to important development in future. In that department highly trained chemists, experienced pharmacists and medical men capable of original research should be appointed.

The Indian Pharmacopoeia.

It is essential that an Indian Pharmacopoeia should be prepared to serve as the authoritative work of reference. It is to be based principally on the British Pharmacopoeia and should contain notices of galenicals suited to our soil and climate. The appearance of a new national pharmacopoeia will be considered as an event of considerable interest, for it may reasonably be assumed that it will reflect the progress of the science relating to pharmacy and medicine during the period the Materia Medica of the West has been cultivated in India. A mere Addendum to the B. P. does not serve the purpose adequately. The importance of such a work as the Indian Pharmacopoeia would become manifest when it is considered that it will be designed to represent a standard to which medical men, pharmacists, public analyst, chemical and pharmaceutical manufacturers are expected to conform. The appearance of the Indian Pharmacopoeia must not be considered as an inovation. As far back as 1844, the Bengal Pharmacopoeia was published by Sir W. B. O'Shaugnessy under the authority of the Government. Twenty four years afterwards in 1868, the Pharmacopoeia of India appeared, sanctioned by her Majesty's Secretary of State for India in Council. It was based on the British Pharmacopoeia but it contained notices of indigenous drugs of approved value. I have treated the subject of indigenious drugs and our duty towards their introduction in medical science in my *History of Indian Medicine*, Vol. 1. pp. 90—99 and I need not repeat it here. In the proposed pharmacopoeia, standardised preparations of Indian plants and minerals tested by control laboratories should find a place.

Government Test House.

For standardisation of drugs and chemicals, the establishment of many test houses for the different provinces would be required. The scientific staff for such a test house should consist of highly skilled workers and men of high scientific ability. In such a house there should be up-to-date appliances for chemical, pharmaceutical, physiological and bacteriological test. There should be a department for staff training

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from which qualified pharmacists and chemists endowed with the knowledge of the methods of control would be available to the firms of manufacturing chemists. As regards the location of the Central Test House I agree with the resolution No. 19 passed by the Indian Medical Conference which runs as follows.—"The Conference is of opinion that the laboratory or laboratories which are proposed to be established by the Government for testing and standardisation of drugs, sera etc., should be locatad in the provincial cities and not at Kasauli as proposed."

12. *The Poison Regulations* :—Poison Act xii of 1919.—

The poisons included in the regulations are not exhaustive and it is not clearly stated whether all the preparations of the poisonous drugs are included in the Act. The license is granted to any body who is considered by the Commissioner of Police in Calcutta and the District Magistrate in the Mufasils fit to stock and sell these poisons. The license should be granted only to the qualified chemists. It is difficult to keep true accounts of the expenditure of all poisonous preparations in dispensary, as the total quantity sold in prescriptions does not often equal the total quantity of the poison purchased. The record of minute quantities in prescriptions cannot be acurately kept, as during dispensing a part of the poison may be accidentally lost.

I remain, yours faithfully,

GIRINDRA NATH MUKHERJI,

Editor The Journal of Ayurveda.

156, Haris Mukerjee Road,
Bhowanipur, Calcutta.
Dated the 7th December, 1930

News & Notes

—:o:—

SCIENCE AND SEX APPEAL.

The British Medical Association have placed their premises at the disposal of the International Congress for Sex Research, and the latter will open its discussions on Sunday. Among the subjects to be ventilated is that of sex appeal. We are assured that the matter will be treated in "a serious scientific spirit."

It will indeed be interesting if these learned men, whose attitude towards the question must by now be impersonal, are able to tell us how it comes that some gentlemen prefer blondes.

They may tell us of pigments and metabolism, they may speak of affinities and complements, but I trust that they will at least discuss one central problem.

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For my experience tells me that the most beautiful people are frequently, all too frequently, devoid of sex appeal, and that this compelling quality is often possessed by those whose features are irregular.

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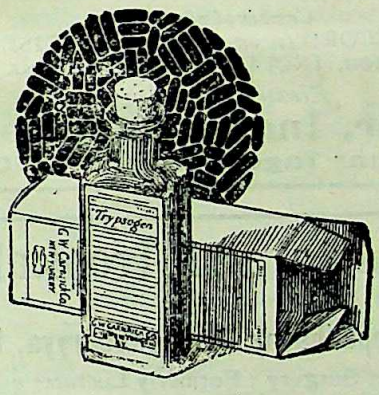

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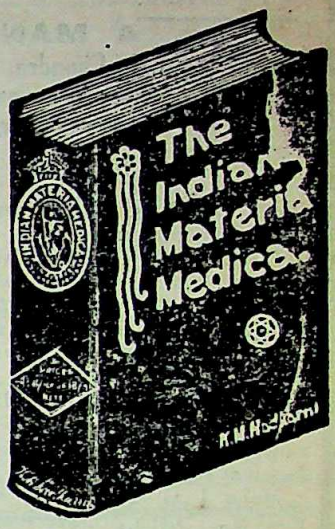

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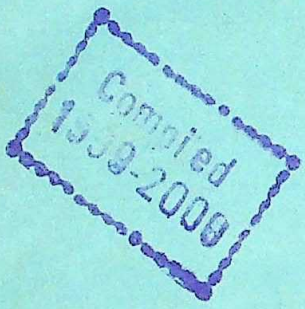

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